

Name
in
Full

Teroy Arnold

CERTIFICATE OF DEATH

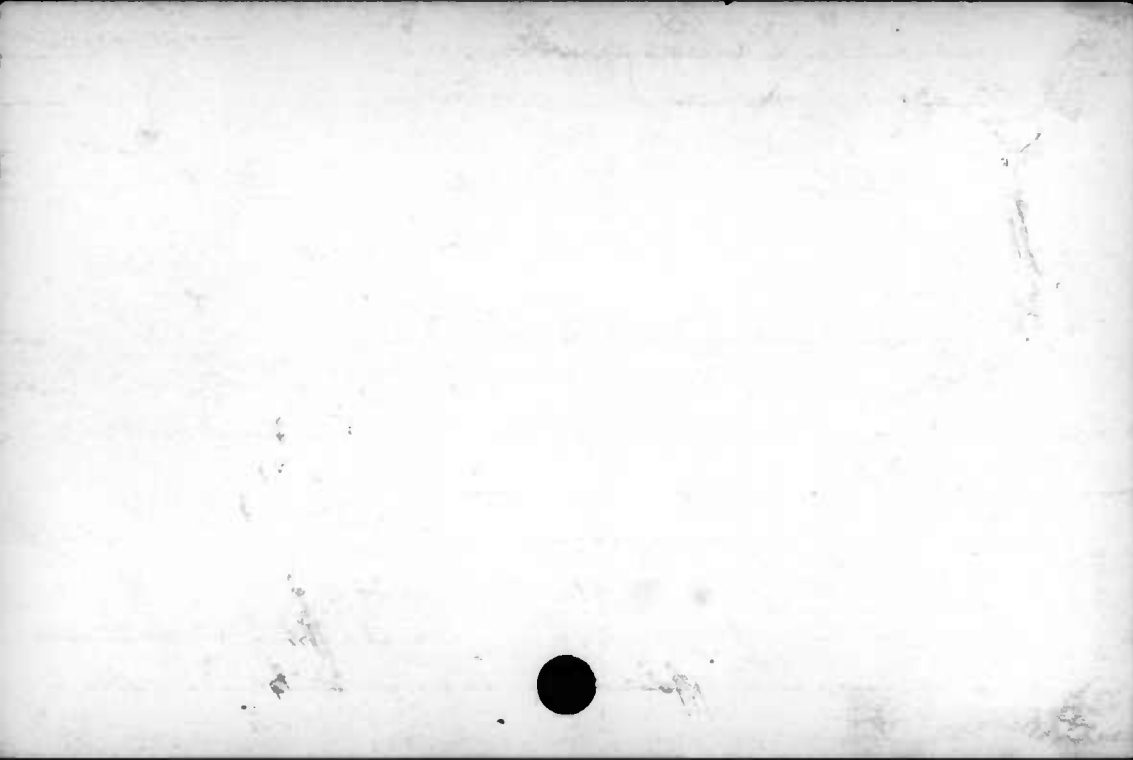
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wt Sarap</u> ^{Town}		<u>Alligay</u> ^{County}		MARYLAND	
Date of death	1905	Month	Aug	Day	7
Age	Years		Months		Days
Sex	Male		Color or Race	W. White	
Birth-place	Wt Sarap				
Occupation	_____				
Where Residing if not at place of death			_____		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Adam W. Arnold		
Mother's Maiden Name			Bertha Hensel		
Name of person giving information			Daniel Arnold		
Father's Birthplace			Cumberland		
Mother's Birthplace			Cumberland		
How related to deceased			Nephew		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	24 hours
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		F. Alan G. Murray	
Address		Wt Sarap Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Living Ashby

Town

County

Died at

Cumberland

Alle

MARYLAND

Date

of death

1905

Month

Aug

Day

18

Age

Years

17

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles Ashby

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Charles Ashby

How related
to deceased

Father

CAUSES OF DEATH

Primary

Burns

How long

10 hours

Immediate

exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

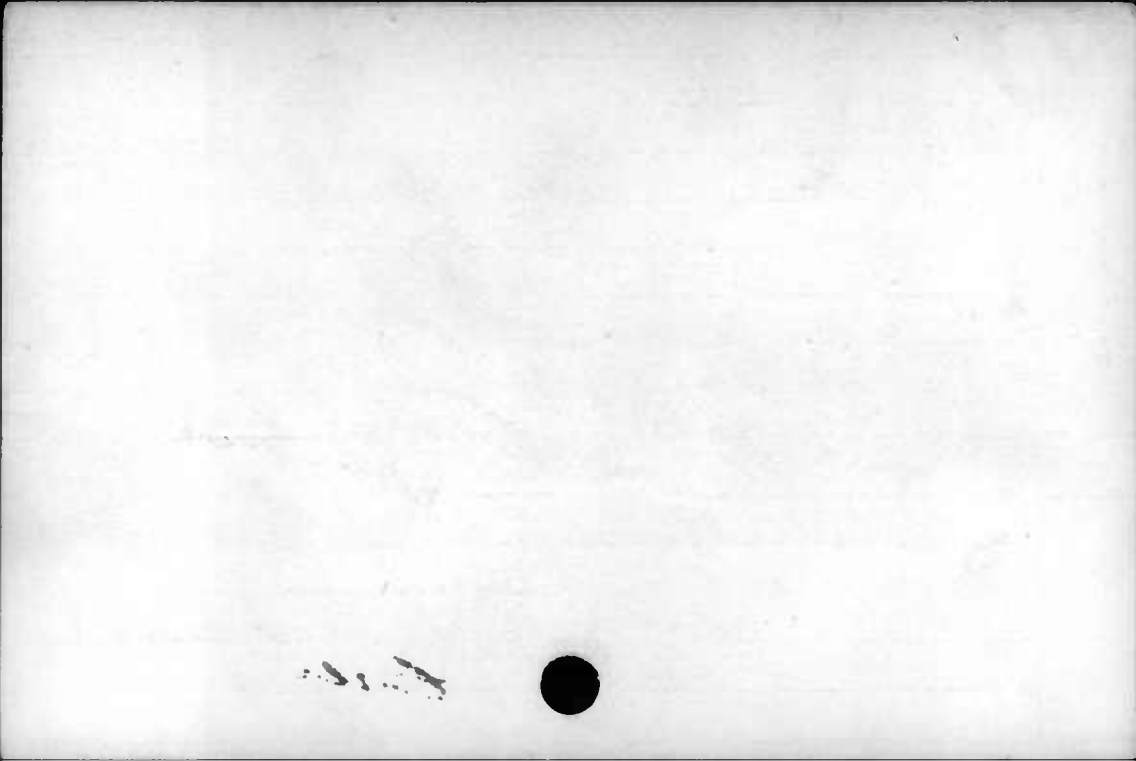
Dr. S. Sparks

Address

Cumberland

LOUIS STEIN.

Accident or Suicide?



Name
in
Full

Bertha. Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Countd Town any County

Date of death 1905 Month Aug Day 18 Age one Years Months Days

Sex Female Color or Race White Birth-place Countd

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
NameJohn BakerFather's
BirthplaceCountdMother's
Maiden NameGertie JonesMother's
BirthplacePaName of person giving
In formationJohn BakerHow related
to deceasedFather

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary

Cholera infantum

How long

10 d

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?74Signature of
Physician

Address

M R. Stedjes
City

LOUIS STEIN

Accident or Suicide?

Saturday 10. A M.

Name
in
Full

Hazel Bolithio

CERTIFICATE OF DEATH

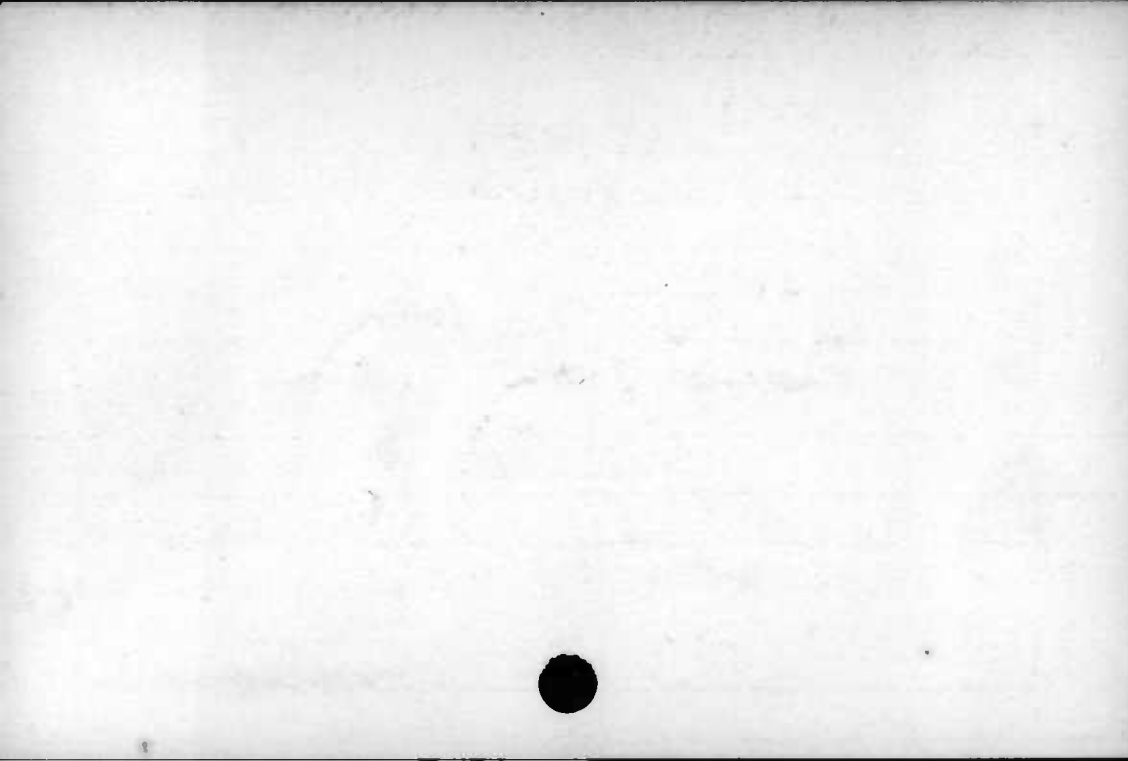
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>B...</i> Town		County <i>Alle</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>24</i>	Age <i>1</i>	Years	Months <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>James Bolithio</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Edith Johns</i>			Mother's Birthplace <i>111</i>		
Name of person giving information <i>James Bolithio</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Summer Complaint</i>	How long <i>2 Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr F. L. Bardoll</i>
	Address <i>per Baltimore</i>
Accident or Suicide?	<i>Med.</i>



Name
in
Full

Ernest Calvin Burkhardt


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camden</i>		Town		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Aug</i>	Day	<i>1</i>	Age	<i>1</i>
						Years	<i>2</i>
						Months	
						Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Pa</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
<i>Single</i>							
Father's Name			<i>Charles Burkhardt</i>			Father's Birthplace	
						<i>Pa</i>	
Mother's Maiden Name			<i>Emma Cameron</i>			Mother's Birthplace	
						<i>Pa</i>	
Name of person giving information			<i>Cameron Burkhardt</i>			How related to deceased	
						<i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i> 		How long	<i>3 weeks</i>
Immediate	<i>Defecation of Bowels</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>Dr. F. L. Bardoll</i>		
		Address		
		<i>232 Baltimore St</i>		
		<i>Wm.</i>		
Accident or Suicide?				

Bard Pa
Bedford County

Name
in
Full

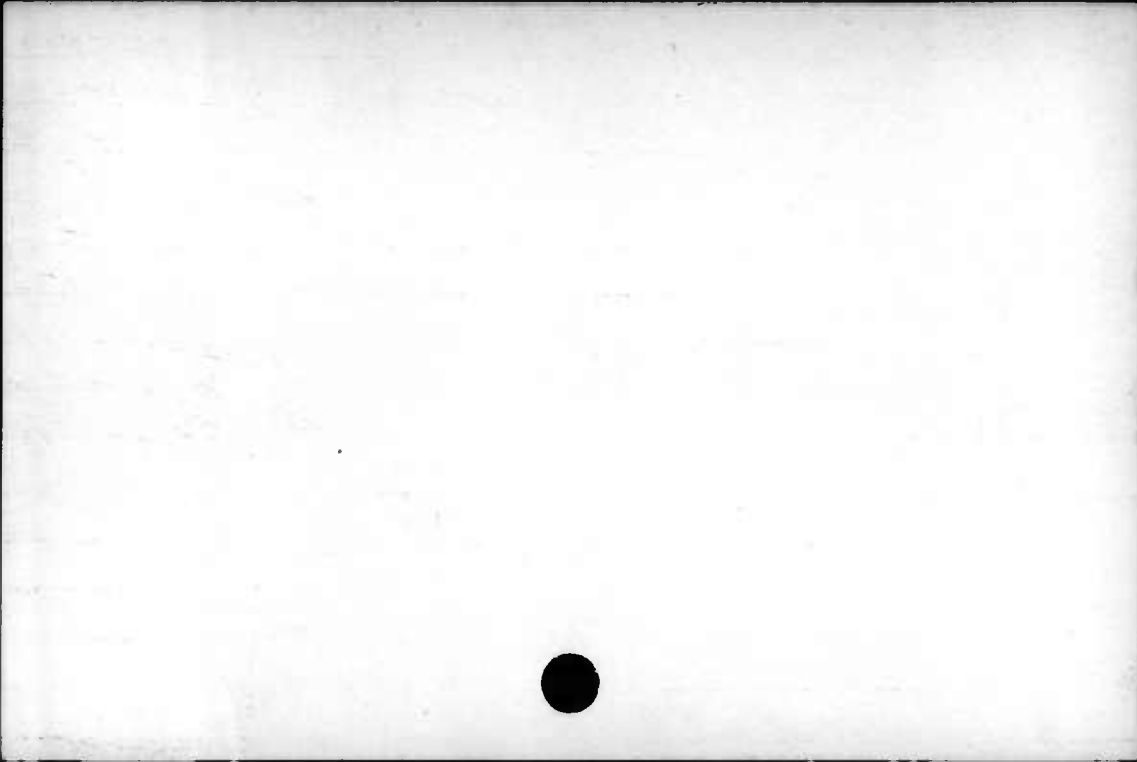
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Child of J. P. Burns</i>		Town <i>Child of J. P. Burns</i>		County <i>Child of J. P. Burns</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>8</i>		Day <i>18</i>		Age <i>4</i> Years <i>4</i> Months <i>4</i> Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Child of J. P. Burns</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>J. P. Burns</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Premature Labor</i>	How long <i>3 weeks</i>
	Immediate <i>Shangulation</i>	How long <i>4 hours</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. P. Bushdall</i>
		Address <i>Child of J. P. Burns</i>
Accident or Suicide?		<i>md.</i>



Name
in
Full

Katherine Buskes

CERTIFICATE OF DEATH

Town

County

Died at

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905 Aug

29

Age

—

2

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Joseph G Buskes

Father's
Birthplace

Md

Mother's
Maiden Name

Katherine Buskes

Mother's
Birthplace

Md

Name of person giving
In formation

Joseph Buskes

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

6 weeks

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

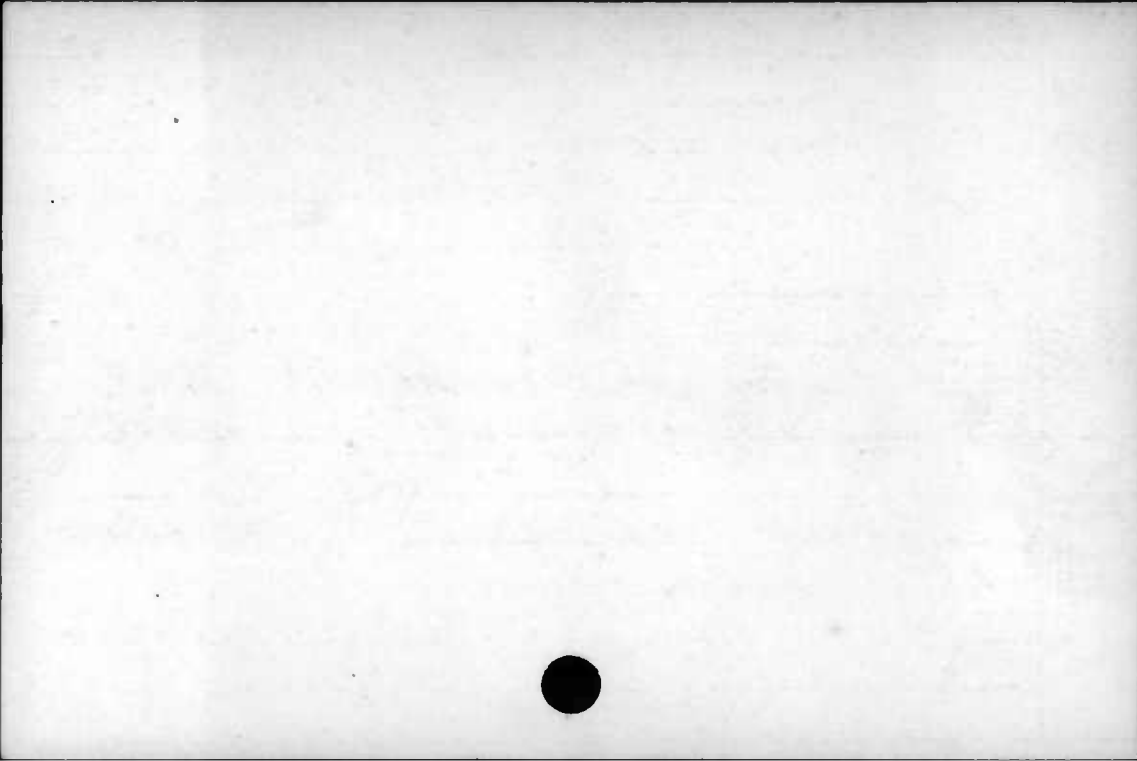
Signature of
Physician

Address

Dr J J Wilson
City

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Alonzo Burrill Carrier

CERTIFICATE OF DEATH

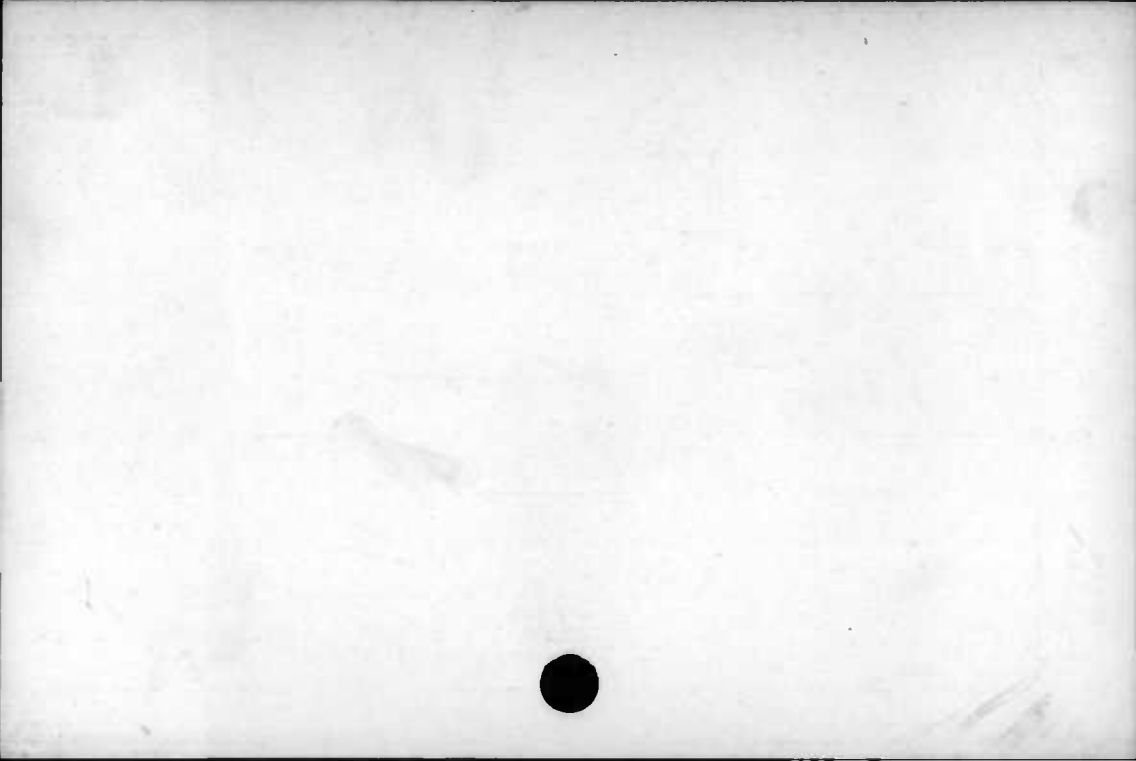
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumuld</i>		Town <i>County</i>		County <i>accg</i>		MARYLAND	
Date of death	190 J	Month	aug	Day	16	Years	Age about 53
Sex	Male	Color or Race	White	Birth-place	Angola N. Y.	Months	Days
Occupation	Salesman		Where Residing if not at place of death		-		
Married, Single or Widowed	Married	Name of Wife or Husband	Charlotte				
Father's Name	-					Father's Birthplace	N. Y.
Mother's Maiden Name	- Wentworth					Mother's Birthplace	Michigan
Name of person giving information	J. B. Gray					How related to deceased	

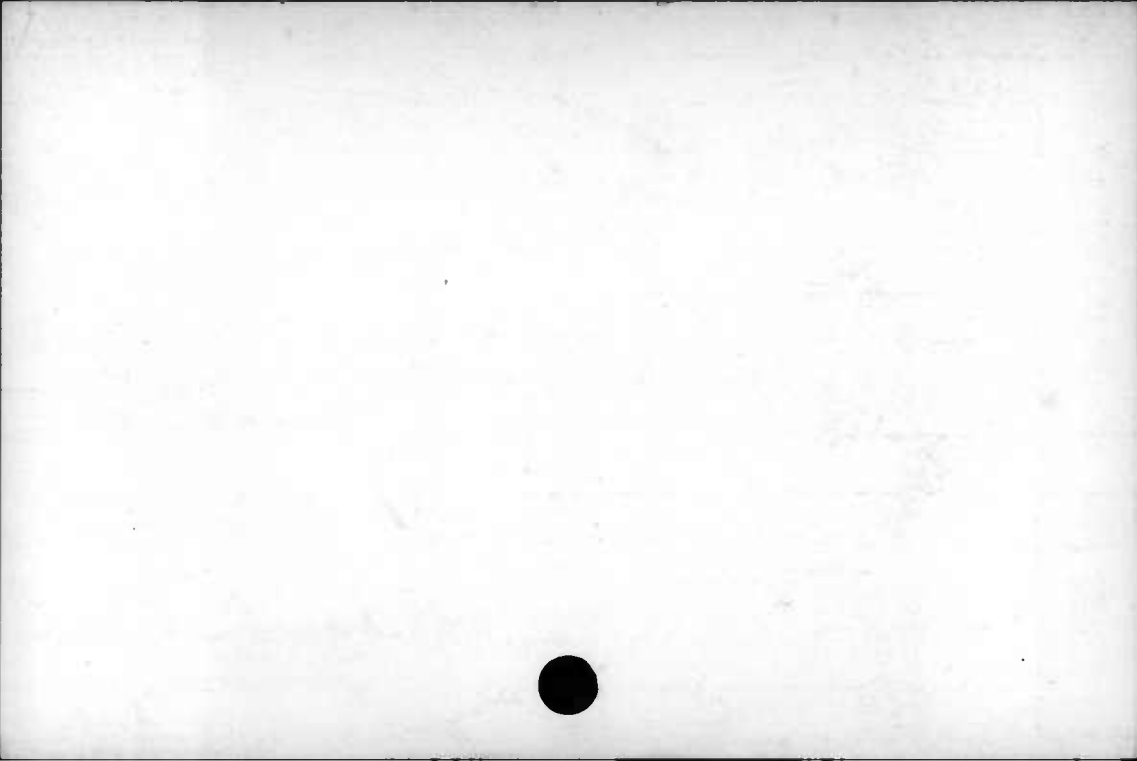
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic nephritis	How long	120
Immediate	Uræmic coma	How long	about 3 Ds.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	James J. Johnson
		Address	10 r 20
Accident or Suicide?			



Name in Full		Albert Cassidy				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Ind Saraya		Allison		MARYLAND			
	Date of death		1905	Aug	8	Age	3	15		
	Sex		Male		Color or Race		White			
	Occupation				Birth-place		Ind Saraya			
	Married, Single or Widowed				Where Residing if not at place of death					
	Name of Wife or Husband									
FATHER'S NAME	Albert Cassidy				Father's Birthplace				Ind	
	Mother's Maiden Name				Vesta Warner				Mother's Birthplace	W. Va
	Name of person giving information				Gery Warner				How related to deceased	Grandfather
	CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Inanition		How long		all life			
	Immediate		Exhaustion		How long		3 days			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		F. Alan G. Warner			
					Address		Ind Saraya			
	Accident or Suicide?						Ind			



Name
in
Full

Child of Ed. C. Cochran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>allergany</u> ^{County}		MARYLAND	
Date of death	1905	Month	Aug	Day	28
Sex <u>Male</u>		Color or Race <u>White</u>		Age	—
Occupation		—		Birth-place	<u>Cumberland</u>
Where Residing if not at place of death		—			
Single <input type="checkbox"/> Widowed <input type="checkbox"/>		Name of Wife or Husband			
Father's Name		<u>Edward C Cochran</u>		Father's Birthplace	
Mother's Maiden Name		<u>Daisy Brashers</u>		Mother's Birthplace	
Name of person giving information		<u>Mrs Rebecca Read</u>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Inanition</u>	How long	<u>3 days &</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Mrs Rebecca Read, Nurse</u>	
Accident or Suicide?		Address <u>Cumby</u> <u>md</u>	



Name
in
Full

Wm Eugene Cook

CERTIFICATE OF DEATH

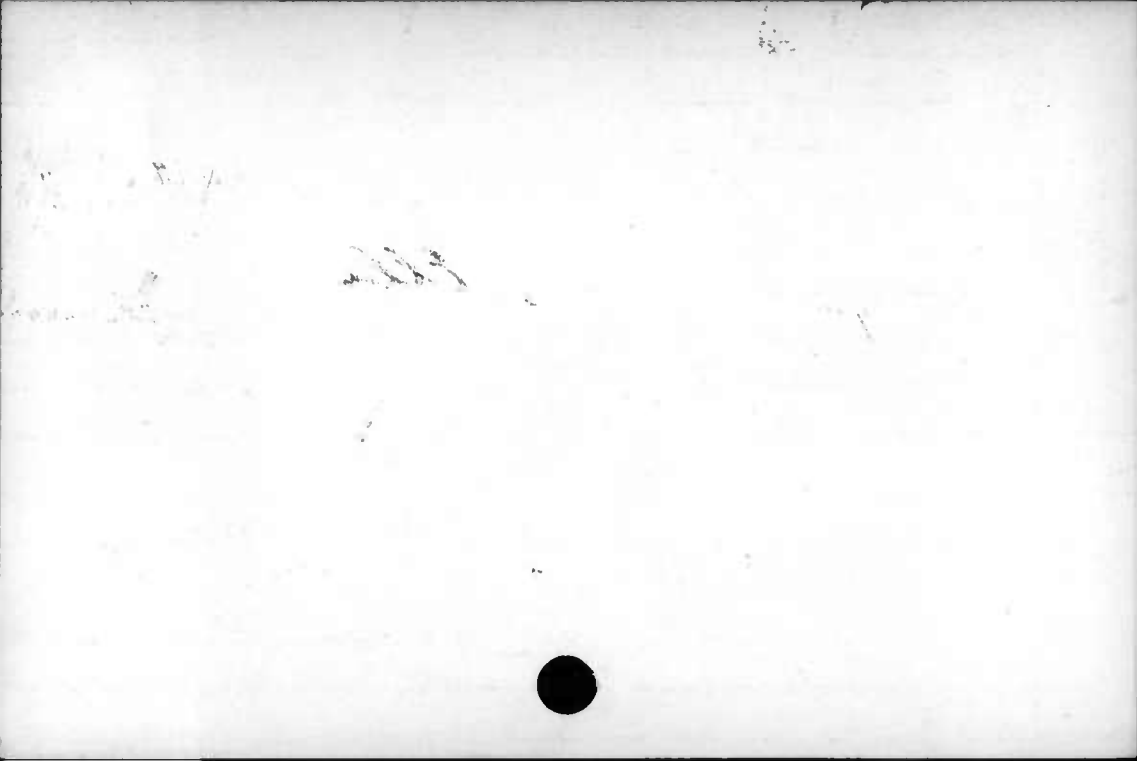
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		August	21st			8	8
Sex	male	Color or Race	white		Birth-place	West Carver	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantis	How long	4 days
Immediate	Spasms	How long	1 night
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		F. Alan E. Murray M.D.	
		Address	
		West Carver	
Accident or Suicide?			



Name in Full		Infant Amos Conrad				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation				Where Residing if not at place of death		
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving information				How related to deceased		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
		Accident or Suicide?				Address		

Orlean

crop Rd

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Donald Howard Cupp</i>		Town <i>Cum</i>		County <i>Alle</i>		STATE MARYLAND	
Died at <i>Cum</i>		Month <i>Aug</i>		Day <i>14</i>		Age <i>19</i>	
Date of death <i>1905</i>		Month <i>Aug</i>		Day <i>14</i>		Years <i>19</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Arno Cupp</i>		Father's Birthplace <i>West Va</i>					
Mother's Maiden Name <i>Bessie Linn</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Arno Cupp</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>105</i>	
Immediate <i>Bastio Entelilise</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr E B Claybrook</i>	
		Address <i>Cum and Md</i>	
Accident or Suicide?			

199-

Name in Full		Velda Deal				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Camden</u> Town			County <u>Alle</u>			MARYLAND	
		Date of death <u>1905</u> Month <u>Aug</u> Day <u>7</u>		Age <u>10</u> Years		Months		Days	
		Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>West Va</u>			
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband					
		Father's Name <u>J W Compton</u>				Father's Birthplace <u>West Va</u>			
		Mother's Maiden Name <u>Anna Deal</u>				Mother's Birthplace <u>West Va</u>			
		Name of person giving Information <u>J W Compton</u>				How related to deceased <u>Father</u>			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <u>Cholera Infantum</u>				How long <u>2 week</u>			
		Immediate <u>expansion</u>				How long			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>S G Broadnax</u>			
						Address <u>City Broadnax</u>			
		Accident or Suicide?							



Name
in
Full

Russell Duckworth

CERTIFICATE OF DEATH

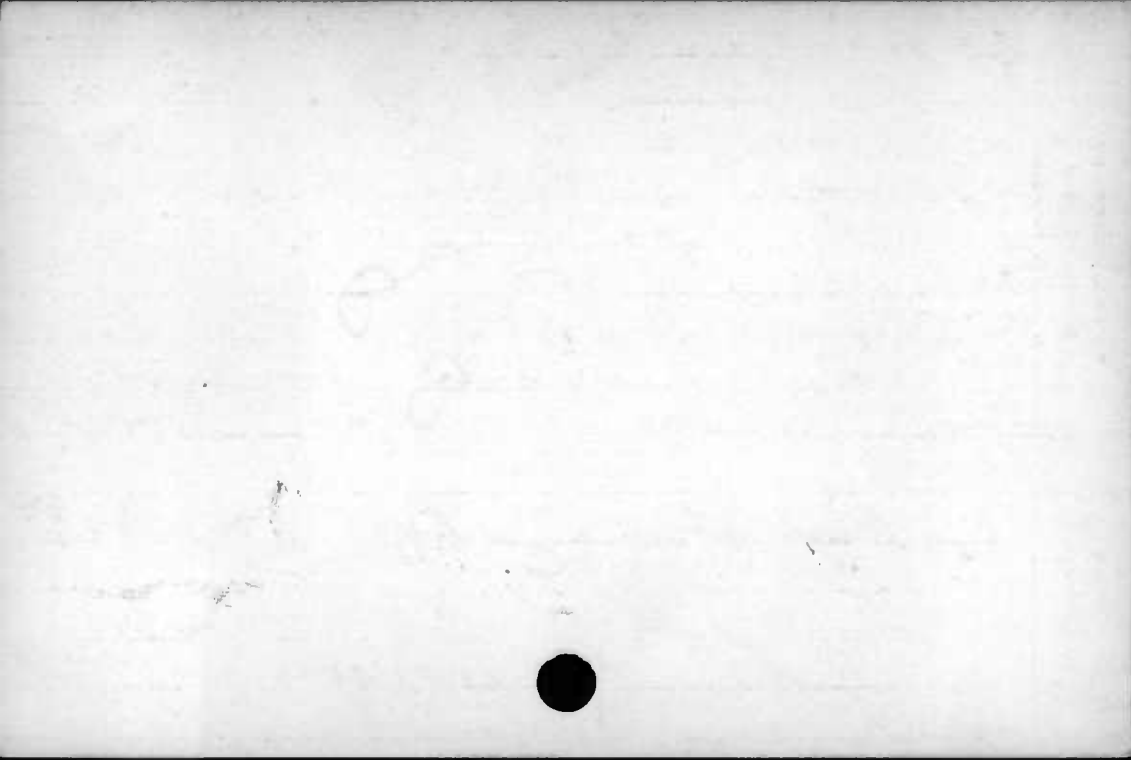
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		aug	18	—	—	—	—
Sex		Color or Race		Birth-place			
Female		White		Kearney Park.			
Occupation				Where Residing if not at place of death			
—				—			
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name		Father's Birthplace					
Russell Duckworth		Rawling Md.					
Mother's Maiden Name		Mother's Birthplace					
Martha Wright		Lawrence					
Name of person giving information		How related to deceased					
Russell Duckworth		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature birth	How long	4 m
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Wm E. Gwigg	
LOUIS STEIN.		Address	
		Baltimore	
Accident or Suicide?			



Name
in
Full

Margrette C. Dyche

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cumberland* ^{Town}*Allegheny* ^{County}

MARYLAND

Date of death *1905 August 7* ^{Month Day}Age *Still Born* ^{Years Months Days}Sex *Female*Color or
Race*White*Birth-
place*Cumberland*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*John Dyche*Father's
Birthplace*Wood Mount
W. Va.*Mother's
Maiden Name*Sabine Lewis*Mother's
Birthplace*Magnolia
W. Va.*Name of person giving
Information*Father*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Impure in utero

How long

Don't know

Immediate

Still Born

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*F. P. Barndoll*

Address

*Cumberland.*PHYSICIAN
OR CORONER*Magnolia
ma*

Accident or Suicide?

Handwritten text, possibly a signature or initials, located in the upper left quadrant of the page.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Raymond & Ida Fogle
Town County

MARYLAND

Died at *Green*

Date of death *1905 Aug*

Day *8*

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Raymond Fogle

Father's
Birthplace

Ind

Mother's
Maiden Name

Eda Kline

Mother's
Birthplace

Ind

Name of person giving
Information

Raymond Fogle

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Premature birth 7th month

How long

Immediate

"

"

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. Focktman

Address



LOUIS STEIN

Accident or Suicide?

Fight

173 Madison St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

~~Cumberland~~ *Open - Helen Goldsworthy*
Town *Cumberland* County *Alleghany*

MARYLAND

Date

of death *1905*

Month

Aug

Day

10

Age

Years

Months

Days

14

Sex

*Female*Color or
Race*White*Birth-
place*National Pike*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Paul Goldsworthy*Father's
Birthplace*Frostburg*Mother's
Maiden Name*Annie Heffrich*Mother's
Birthplace*Cumberland*Name of person giving
In formation*Father*How related
to deceased

CAUSES OF DEATH

Primary

Emancipation

How long

Immediate

Prostration

How long

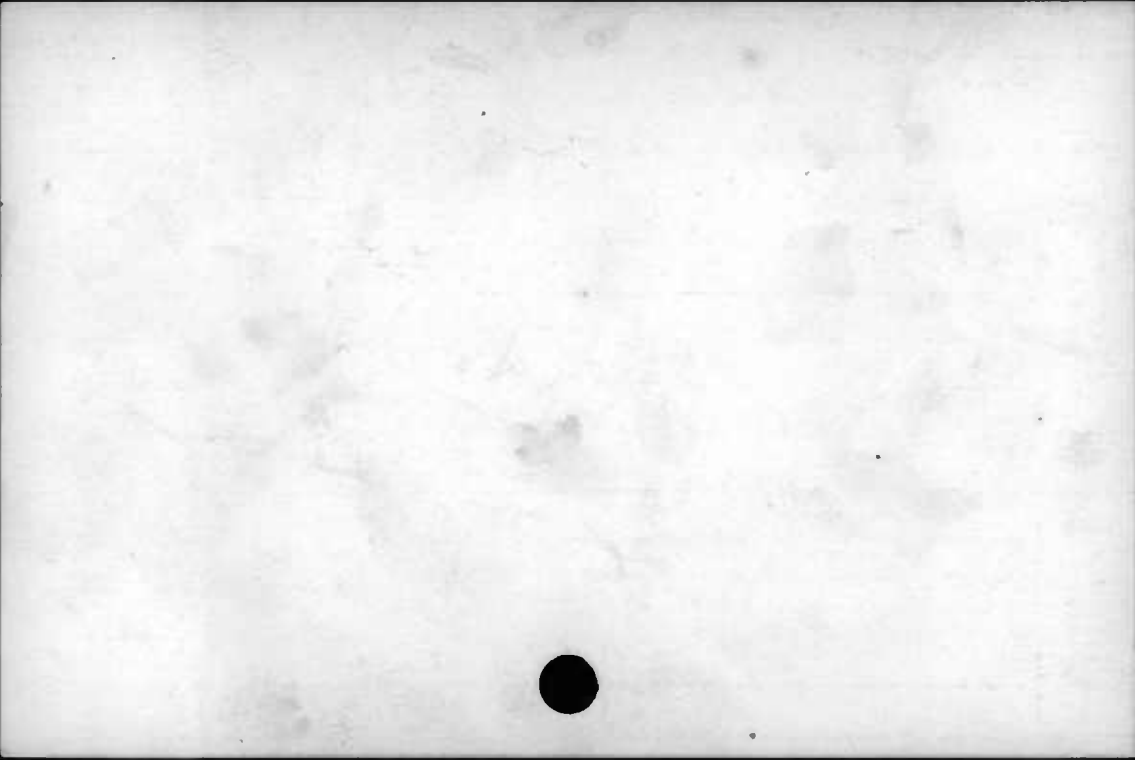
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*W. G. Damm M.D.
8 South George St
Cumberland*

Accident or Suicide?

*_____*PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Gorman

Town

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death

1905

Aug

29

Age

54

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Restaurant Keeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Mrs Peter Gong

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Tecal Impaction

Peritonitis

How long

Two days

Immediate

Callopre

How long

Few hours

Are the name, age, sex, color, date
and place correctly given above?

yes

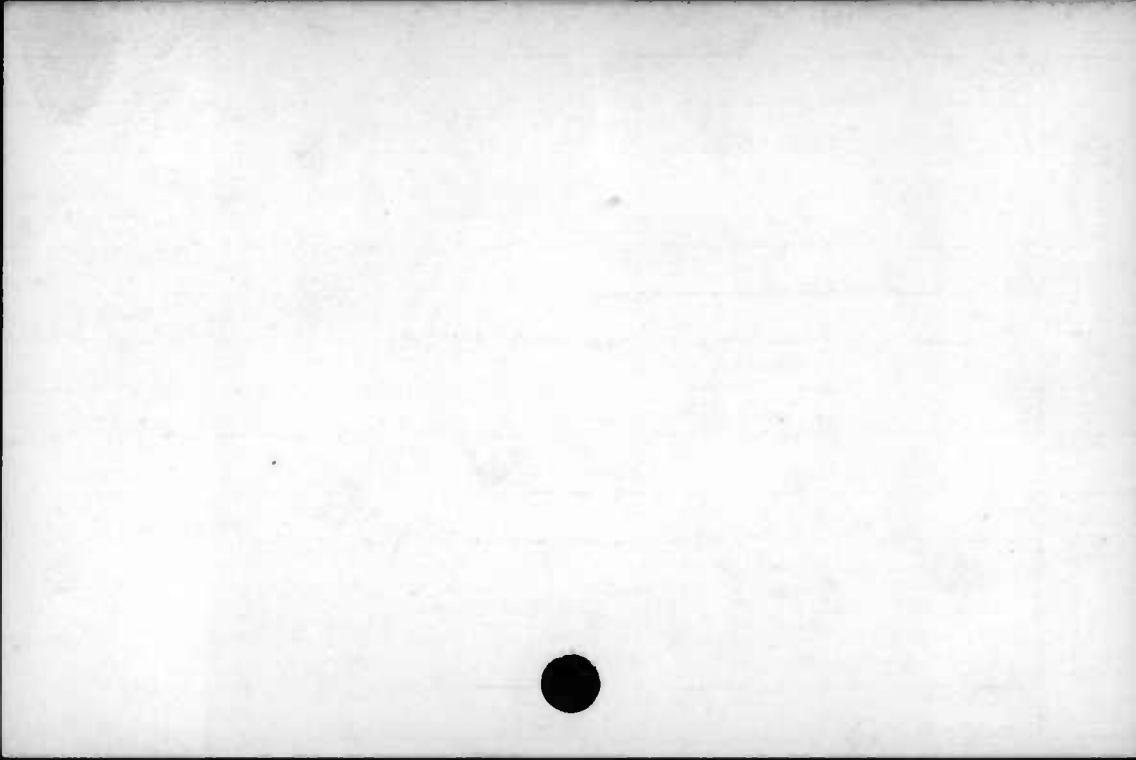
Signature of
Physician

J. N. Torkman

Address

Cumberland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Green* Town *Green* CountyDate
of death 190

Month

Day

Age

Years

Months

Days

Sex
OccupationColor or
RaceBirth-
placeWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

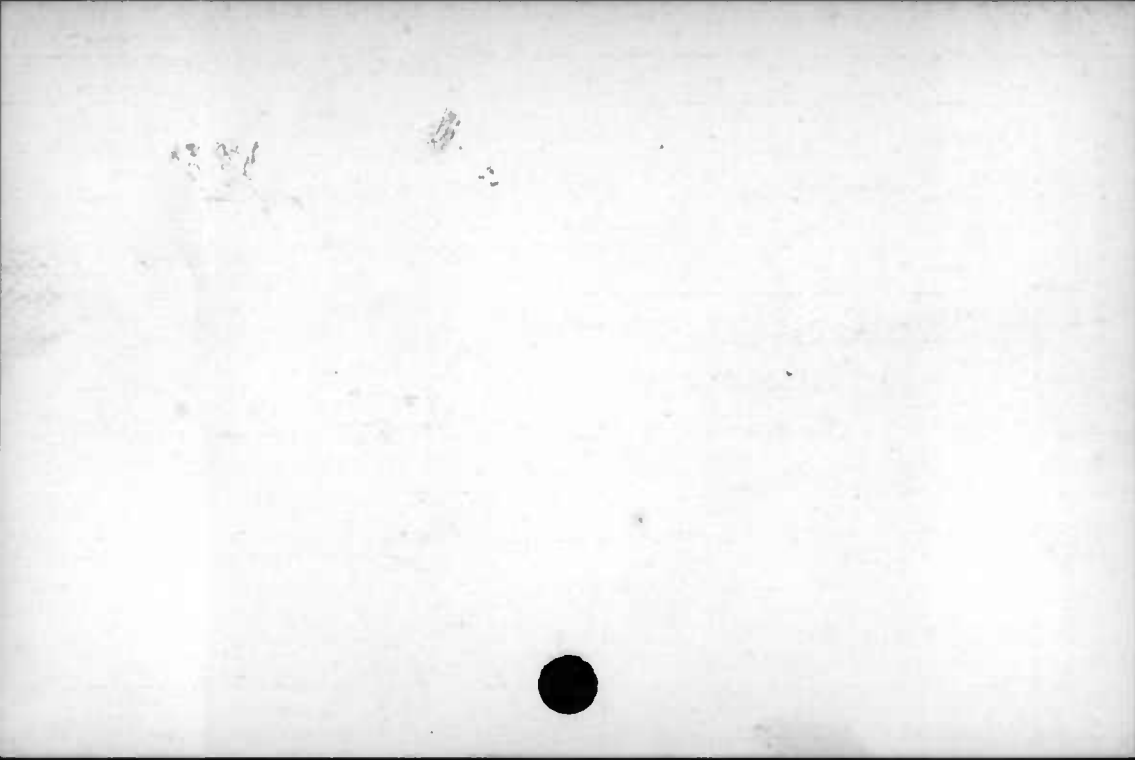
Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cumberland</u>		County		MARYLAND
	Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>1</u>	Age <u> </u>	Years <u> </u>
	Sex <u>male</u>		Color or Race <u>white</u>	Birth-place <u>md</u>	Months <u> </u>
	Occupation <u> </u>		Where Residing if not at place of death <u> </u>		
	Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>		
	Father's Name <u>John J Green</u>		Father's Birthplace <u>md</u>		
	Mother's Maiden Name <u>Mary Ann G.</u>		Mother's Birthplace <u>md</u>		
Name of person giving information <u>John J Green</u>		How related to deceased <u>father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Miscarriage at about</u>		How long <u> </u>		
	Immediate <u>The 3 1/2 months</u>		How long <u> </u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm. L. Broadnax</u>		
	<u>W</u>		Address <u>Cumberland</u>		
	Accident or Suicide? <u>W</u>		<u>md.</u>		



Name
in
Full

CERTIFICATE OF DEATH

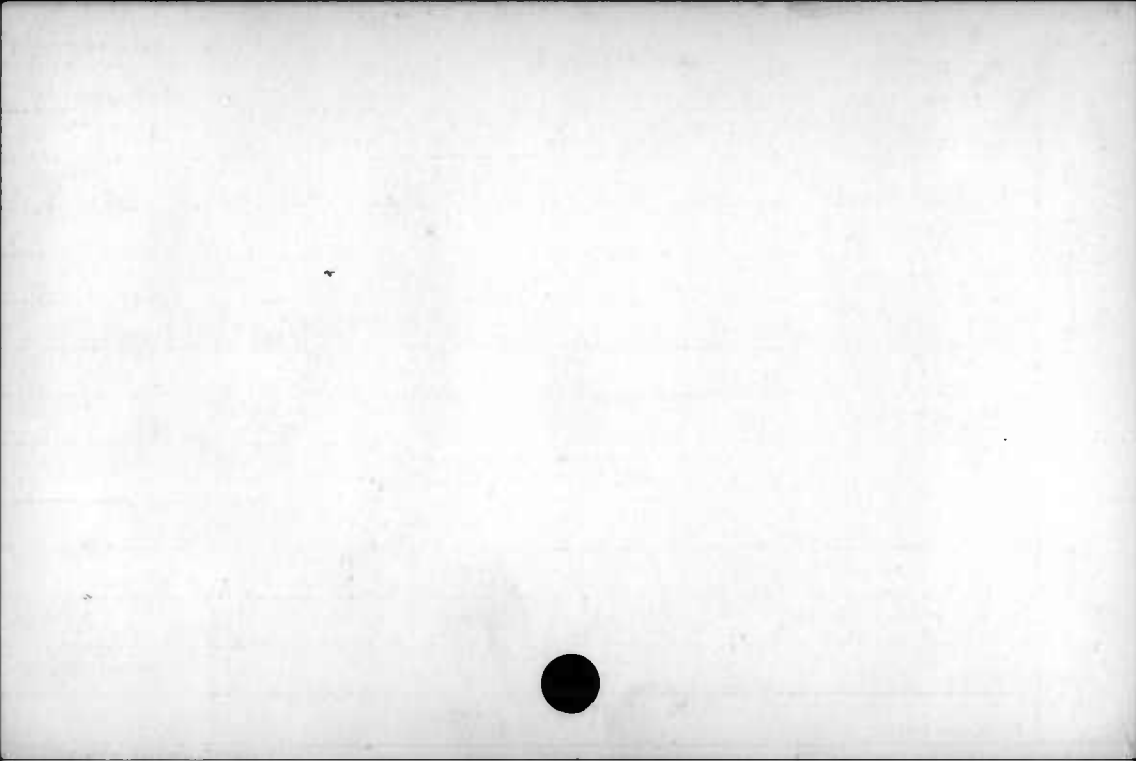
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Kirkwood Hamilton</i>		Town <i>Lonaconing</i>		County <i>Alleghany</i>		MARYLAND					
Died at <i>Lonaconing</i>		Month <i>Aug.</i>		Day <i>18th</i>		Years <i>14</i>		Months <i>0</i>		Days <i>4</i>	
Date of death 1905		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing Md.</i>					
Married, Single or Widowed <i>Single</i>				Occupation <i>—</i>							
Name of Wife or Husband <i>—</i>											
Father's Name <i>John K. Hamilton</i>						Father's Birthplace <i>Scollard</i>					
Mother's Maiden Name <i>Elizabeth Hendra</i>						Mother's Birthplace <i>Lonaconing Md.</i>					
Name of person giving information <i>John K. Hamilton</i>						How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>		How long <i>25 days</i>	
Immediate <i>Salmonella</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry M. Hodgson M.D.</i>	
		Address <i>Lonaconing Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Hellen Pearl Hendrixson

CERTIFICATE OF DEATH

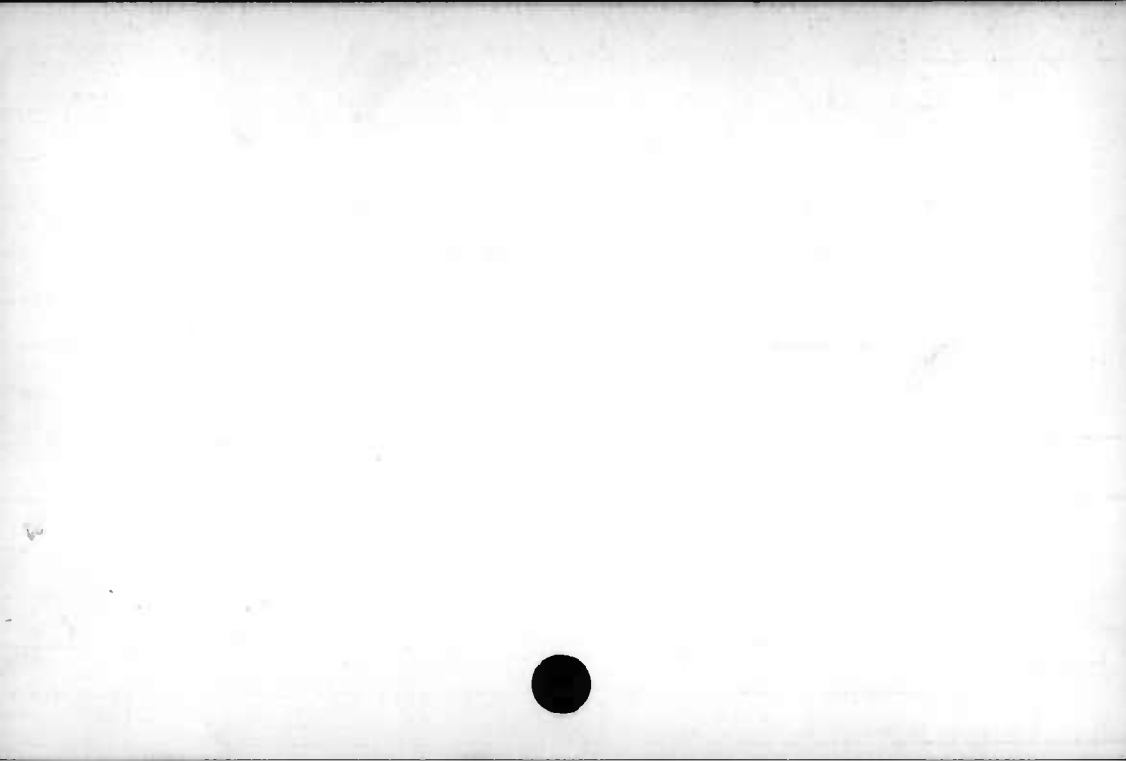
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtā</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>6</u>	Age <u>—</u>	Years <u>—</u>	Months <u>6</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Cumtā</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John A. Hendrixson</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Quinie Shartzer</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving Information <u>John A. Hendrixson</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>24 days</u>
Immediate <u>Exhaustion</u>	How long <u>93</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. Thos. Kozu</u>
	Address <u>Cumberland</u>
Accident or Suicide?	<u>Ind.</u>



Name
in
Full

CERTIFICATE OF DEATH

Sarah Hilaman

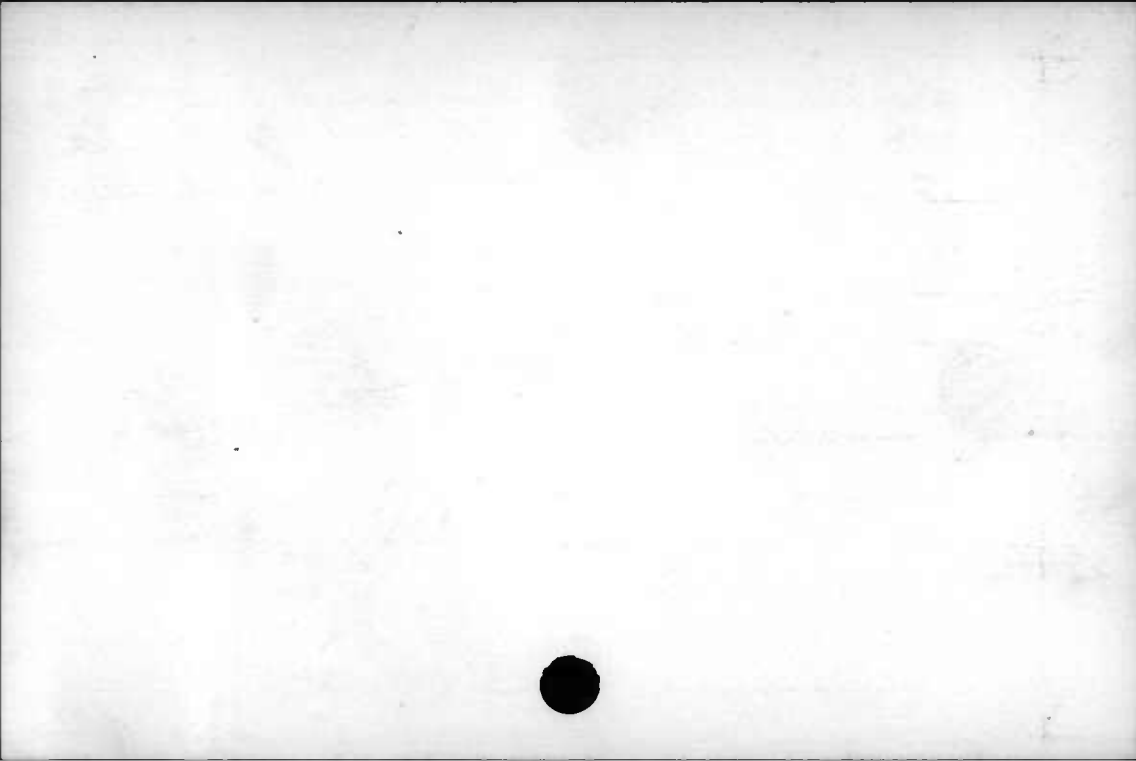
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Luke</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>Aug</i> <small>Month</small>	<i>7</i> <small>Day</small>	<i>9</i> <small>Months</small>	<i>28</i> <small>Days</small>
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Delaware</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Albert Hilaman</i>			Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Phemia Gregg</i>			Mother's Birthplace	<i>Pa</i>
Name of person giving information	<i>Phemia Hilaman</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cereb. Meningitis</i>	How long	<i>One week</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. L. Kallbaugh</i>
		Address	<i>Piedmont</i>
Accident or Suicide?	<i>No</i>		



Name
in
FullBenjamin F.
infant of N. A. Hill

CERTIFICATE OF DEATH

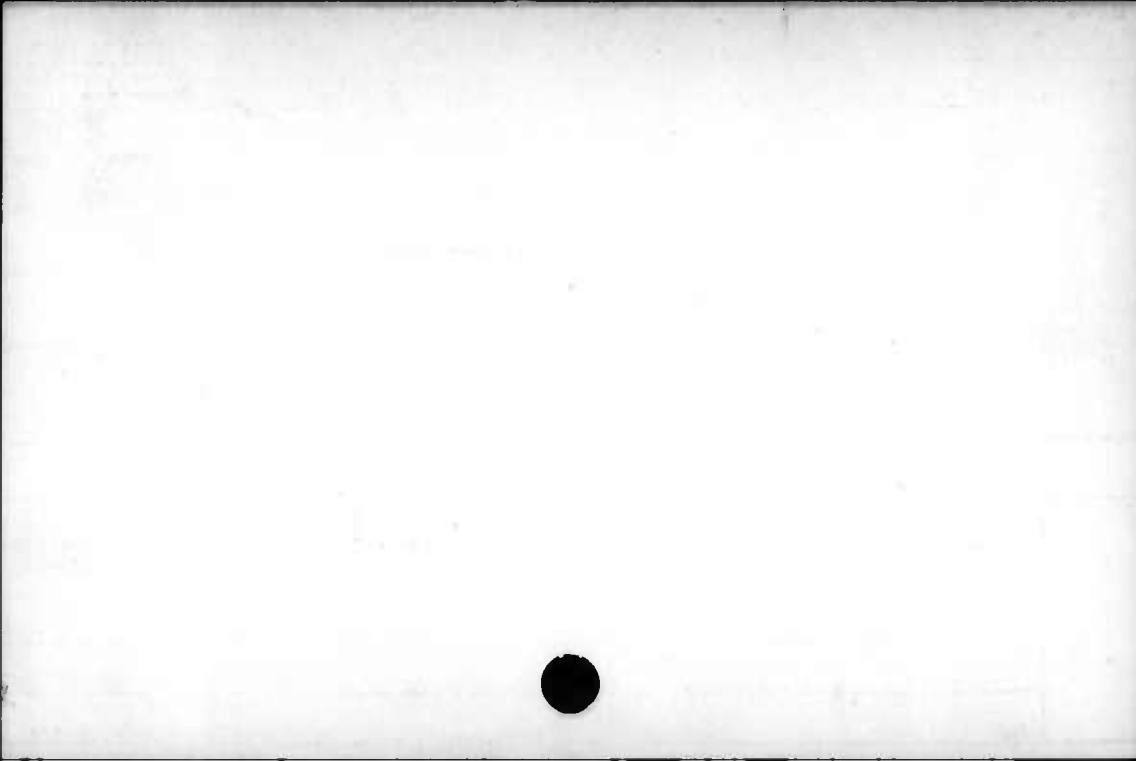
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtunda</u>		County <u>anugay</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>7</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Cumtunda</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>N. A. Hill</u>			Father's Birthplace <u>N. Va</u>		
Mother's Maiden Name <u>Dennie E. Welch</u>			Mother's Birthplace <u>N. Va</u>		
Name of person giving Information <u>N. A. Hill</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>6 weeks</u>
Immediate <u>exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. G. Barkdall</u>
	Address <u>Dr. Barkdall</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

Clarence Fredrick Hite

Town

County

MARYLAND

Died at

Cremild

Allegheny

Date

1905

Month

Aug

Day

15

Age

Years

Months

2

Week

Sex

male

Color or
Race

White

Birth-
place

Cremild

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

F. J. Hite

Father's
Birthplace

Cremild

Mother's
Maiden Name

Louisa Wright

Mother's
Birthplace

Cremild

Name of person giving
In formation

Louisa Wright

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Convulsions

How long

24 hrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

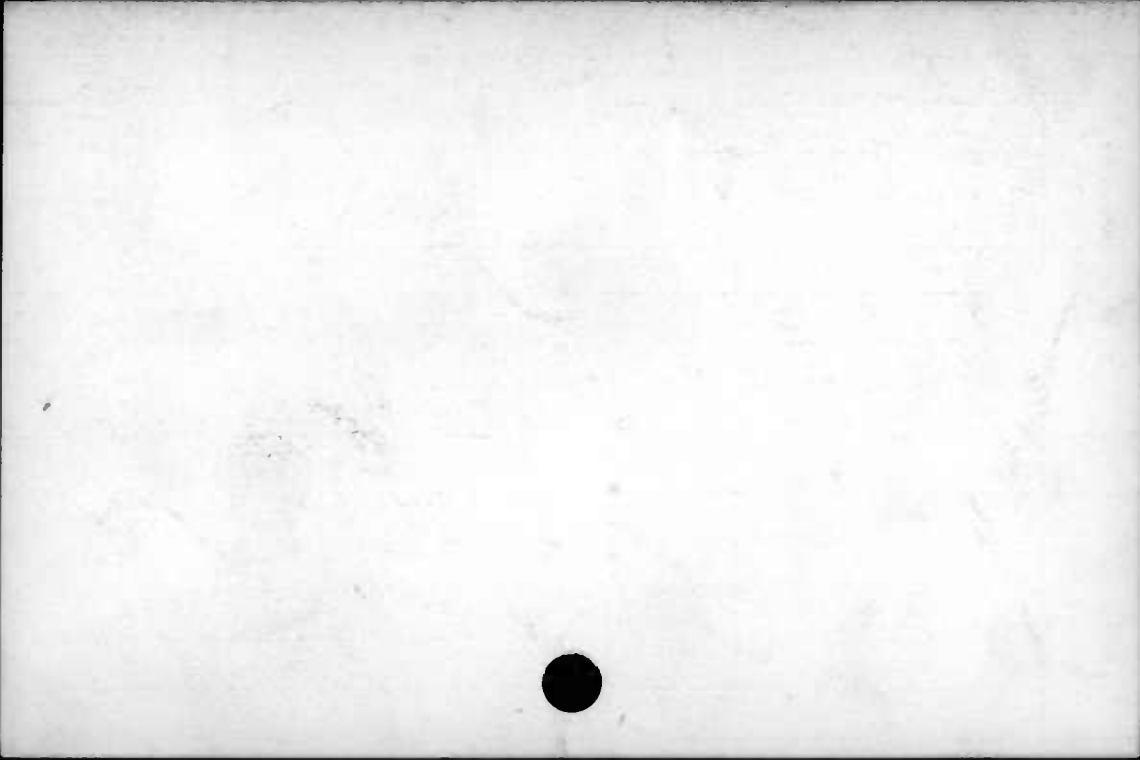
Signature of
Physician

Address

Dr. J. P. Wilson
CremildJ. P. Wilson
M.D.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

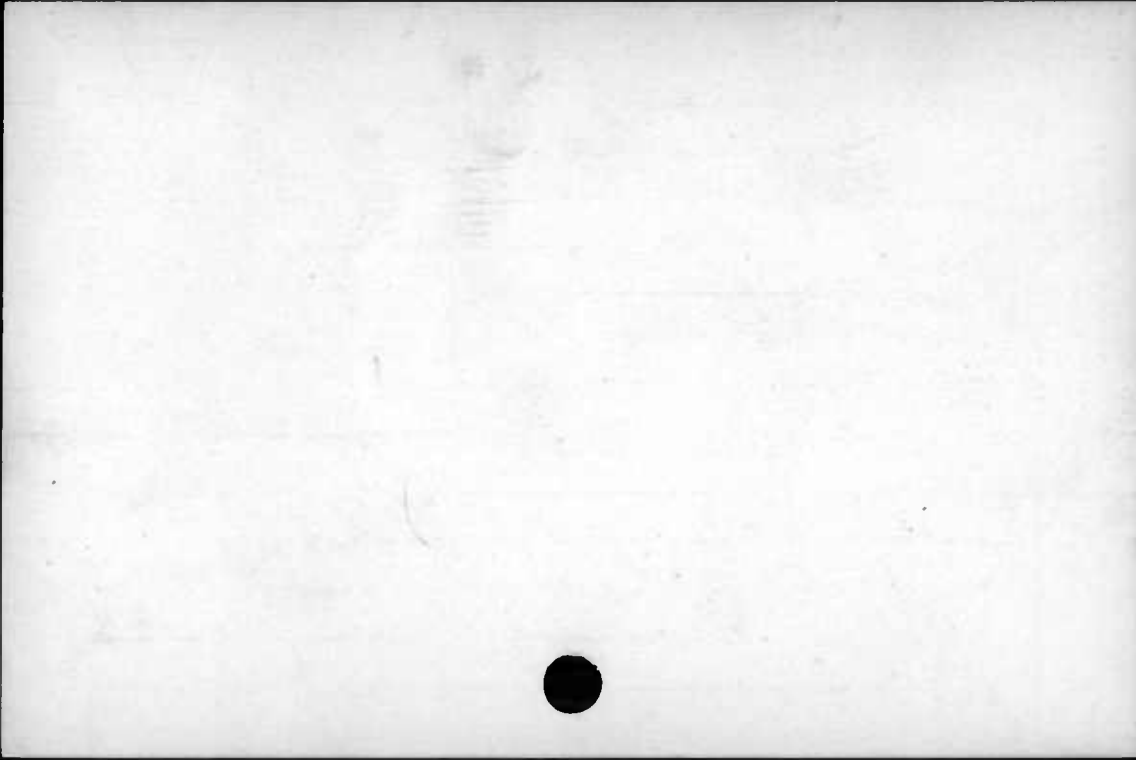
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumuld Valley</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>5</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumuld Valley</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>W. B. Hite</i>			Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Mary Growden</i>			Mother's Birthplace <i>—</i>				
Name of person giving information <i>G. W. MacFarlane</i>			How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>(105)</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. Doyle</i>
	Address <i>Doyle</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Longarming</i> ^{Town} <i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1905 Aug 14</i>	Age <i>64</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Bedford Co Pa</i>	
Occupation <i>Labrer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Mary Schilling</i>		
Father's Name <i>William Hansen</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>		
Name of person giving information <i>Mrs Mary Hansen</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

Primary

How long

Immediate

How long

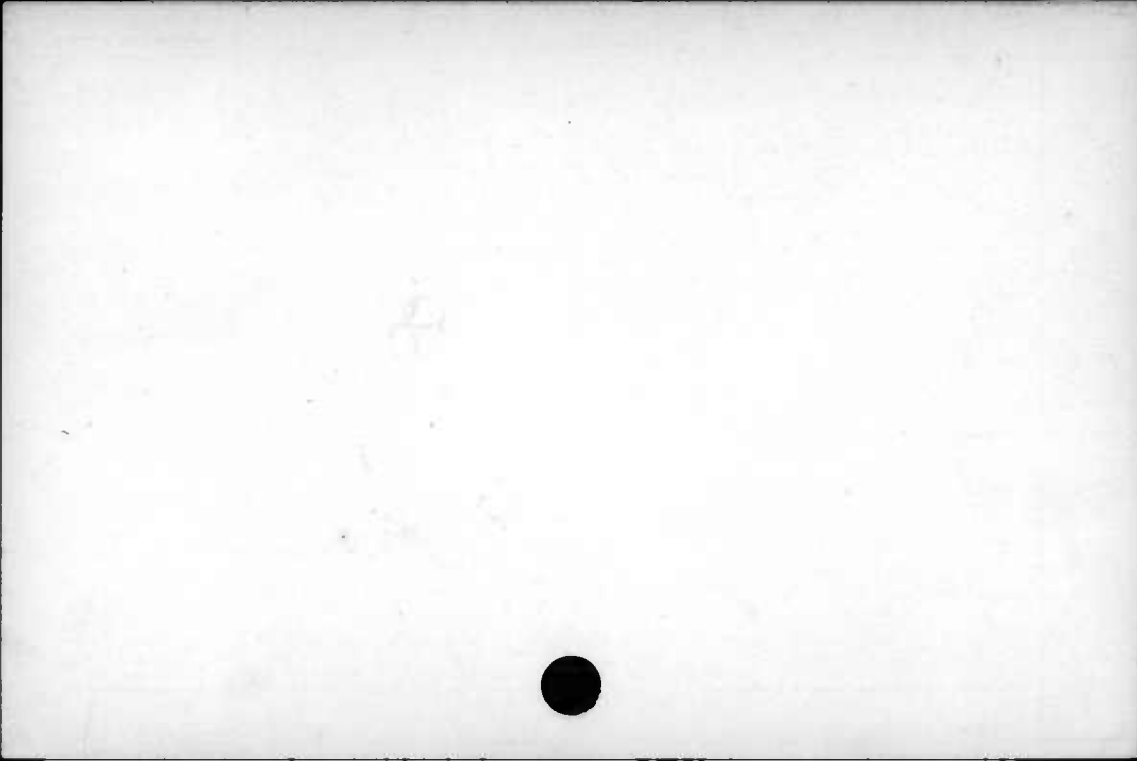
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

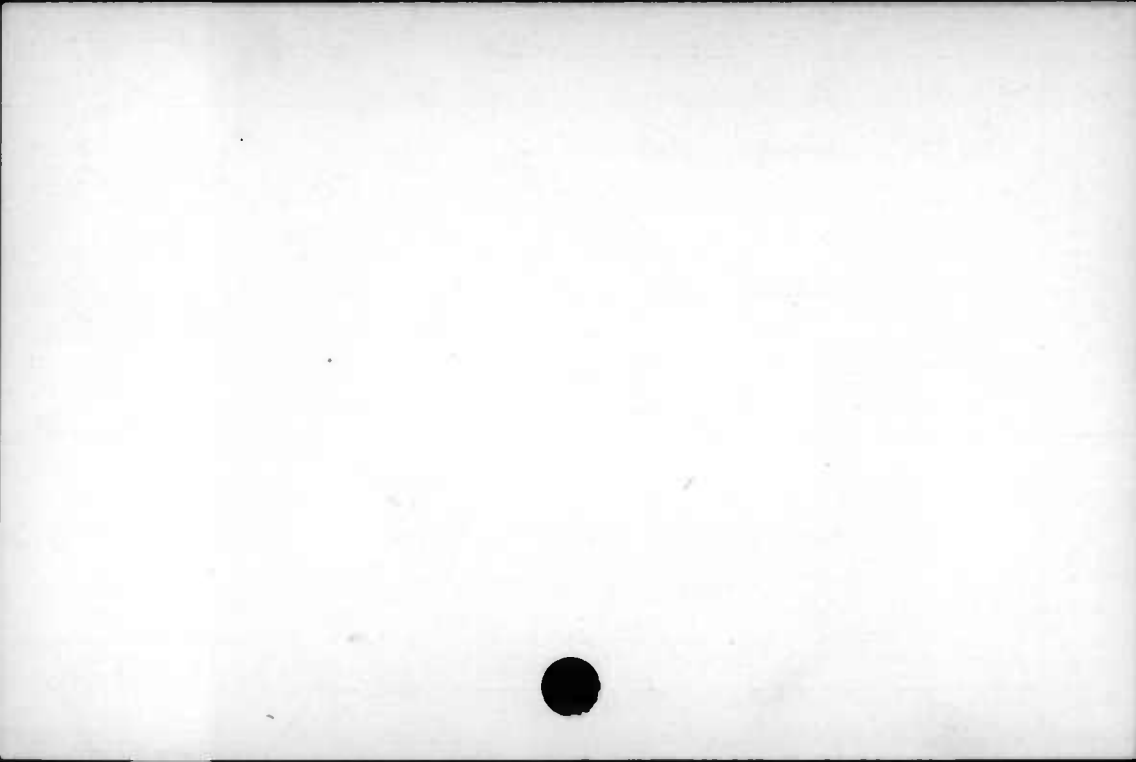
Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full	Charles Humbertson				CERTIFICATE OF DEATH	
	Died at <i>Smacoming</i> Town		<i>Allegheny</i> County		MARYLAND	
	Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>24</i>	Year <i>27</i>	Months	Days
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Yorkburg</i>		
	Occupation <i>Miner</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Gilles</i>				
	Father's Name <i>Howard Humbertson</i>	Father's Birthplace <i>Allegheny Co.</i>				
Mother's Maiden Name <i>Mary Elizabeth Burton</i>	Mother's Birthplace <i>Allegheny Co.</i>					
Name of person giving information <i>William Humbertson</i>	How related to deceased <i>Brother</i>					

TO BE ANSWERED BY NEAREST FRIEND	CAUSES OF DEATH	
	Primary <i>Killdon R Road</i>	How long <i>166</i> <input checked="" type="checkbox"/>
	Immediate <i>Run over by train</i>	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. Murphy D.P.</i>
	Address <i>Smacoming Pa</i>	<i>Acting Coroner</i>
Accident or Suicide? <i>Accident</i>		



Name
in
Full

Miscariage 4 1/2 Mo

Hutson

CERTIFICATE OF DEATH

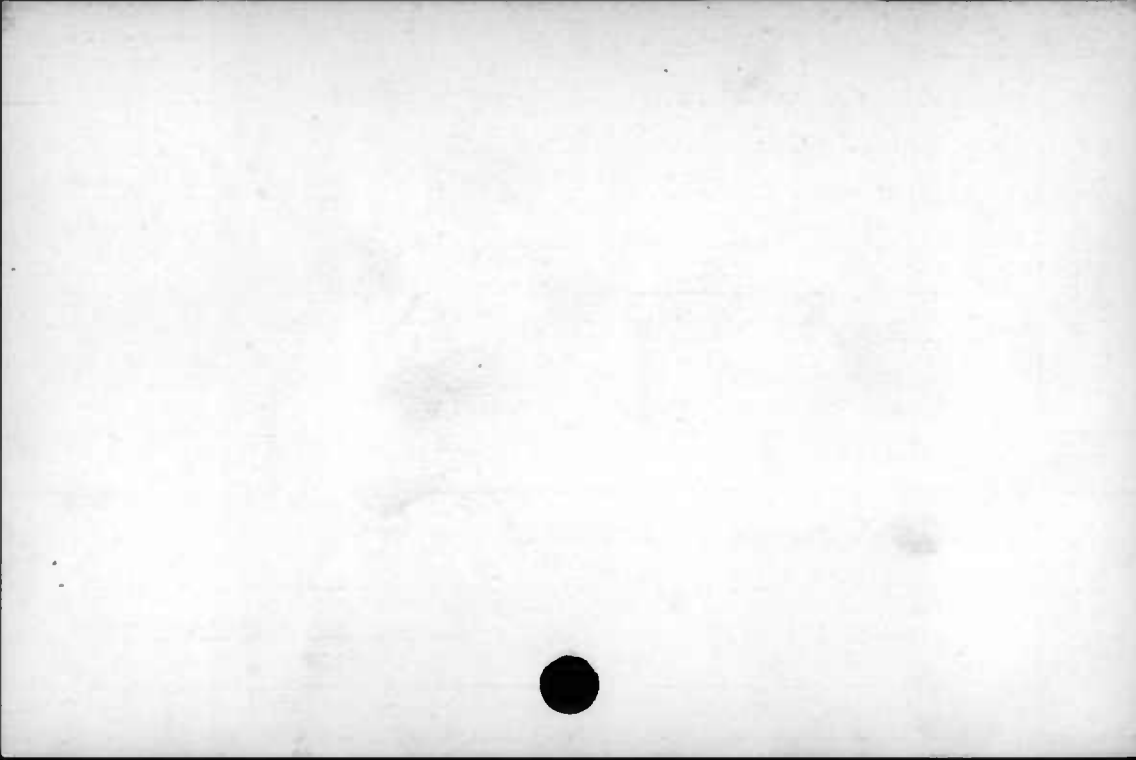
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So Cumberland</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	<i>1905</i> Month <i>Aug</i>	Day <i>17</i>	Age	Years <i>—</i>	Months <i>—</i> Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>So Cumberland, Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Mr W Hutson</i>		<i>8</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Sarah R. D.</i>				Mother's Birthplace <i>Md</i>	
Name of person giving information <i>Mother</i>				How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Miscariage of 4 1/2 Mo</i>	How long <i>—</i>
Immediate <i>Cause unknown</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. L. Broadnax</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Francis Jack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grahamstown		County Allegheny		MARYLAND	
Date of death		Month 8	Day 21	Age Years		Months 4	Days
Sex X1		Color or Race N		Birth-place		Md	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name William Jack				Father's Birthplace Md			
Mother's Maiden Name Bridget Rafferty				Mother's Birthplace Md			
Name of person giving information William Jack				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Marasmus		6 wks	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician D. H. M. Lane	
		Address Frostburg Md.	
Accident or Suicide?			

Sam
Cuth

Name
in
Full

CERTIFICATE OF DEATH

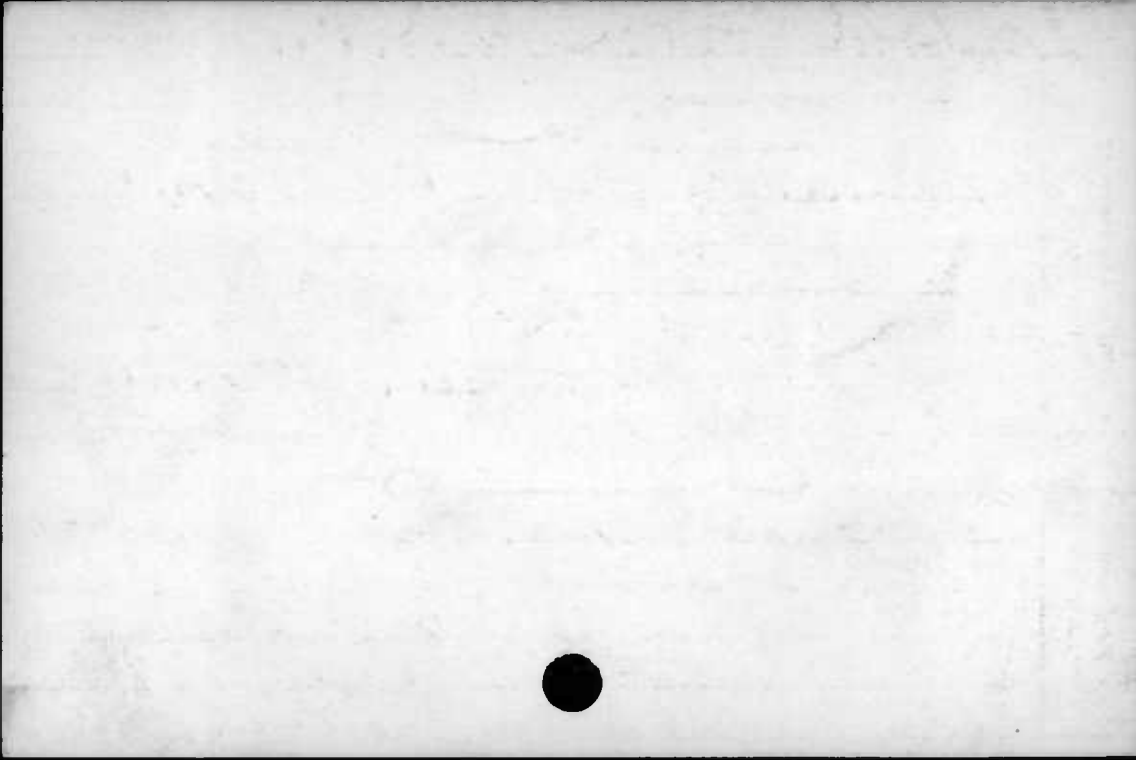
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmberland</i> ^{Town}		<i>Ill</i> ^{County}		MARYLAND	
Date of death <i>1903 Aug</i> ^{Month}		<i>16</i> ^{Day}		<i>10</i> ^{Months}	
Age <i>—</i> ^{Years}				<i>Days</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Md</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Edward Jackson</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Georgiana Taylor</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Jane Taylor</i>		How related to deceased <i>Grandmother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>8 weeks</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. B. Hodges</i>
LOUIS STEIN.	Address <i>617</i>
Accident or Suicide?	<i>Hodges</i>



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Temple Estaline Jenkins

Town

County

Died at Cumberland

Allegheny

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

August

16

Age

Still Born

Sex

Female

Color or
Race

White

Birth-
place

Cumberland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

—

Name of Wife or
HusbandFather's
Name

Harry C. Jenkins

Father's
Birthplace

Pa.

Mother's
Maiden Name

Mamie Brooks.

Mother's
BirthplaceDexington
Pa.Name of person giving
Information

Mother

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Injury In Utero
Still Birth

How long

2 Weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

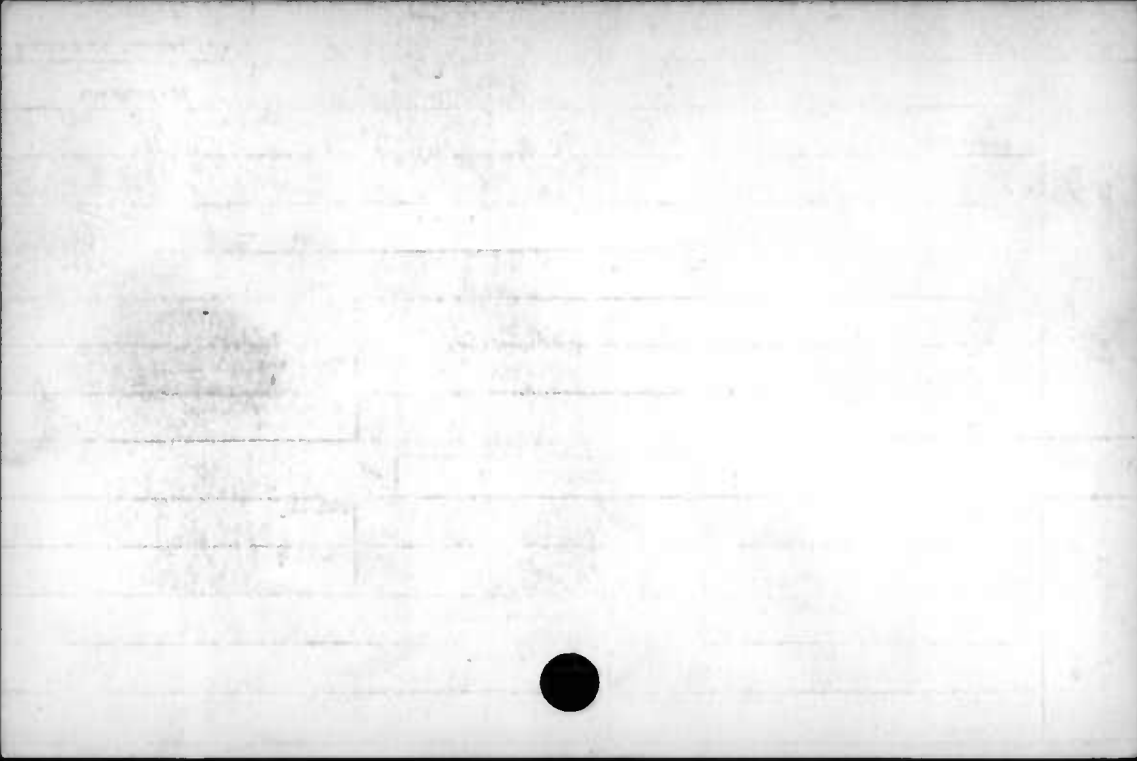
Signature of
Physician

F. H. Garsdell

Address

Cumberland Md.

Accident or Suicide?



Name
in
Full

Dan Keane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i>		County <i>Alleghany</i>		MARYLAND	
Date of death <i>190</i>	Month <i>Aug</i>	Day <i>20</i>	Age <i>90</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Keane</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Patrick Keane</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Advanced age</i>	<i>92</i>	How long
Immediate <i>Broncho Pneumonia</i>		How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Johnston</i>	Address <i>Cumtland Md</i> <i>Foghtman</i>
Accident or Suicide?		

N Centre St.

Name
in
Full

Mrs Mary Keesh

8/1/1

CERTIFICATE OF DEATH

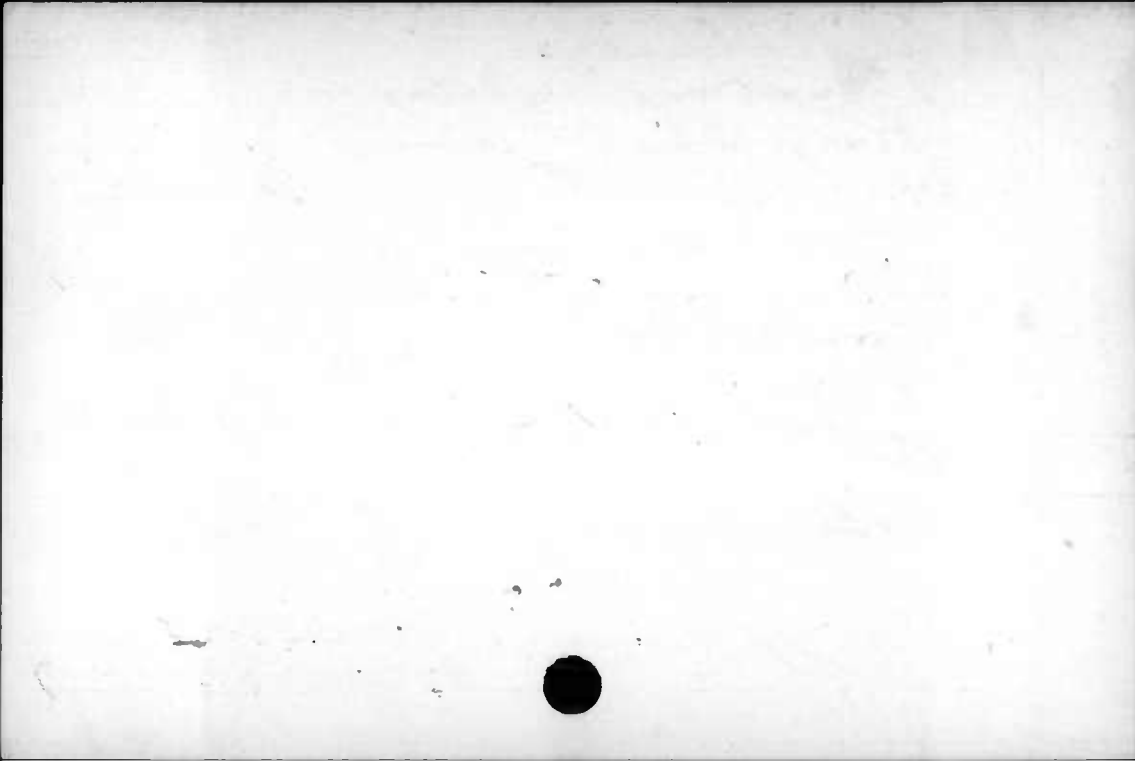
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtbr</i>		County <i>Accomack</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>8</i>	Day <i>20</i>	Age <i>42</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>Cumtbr</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Daniel Keesh</i>				
Father's Name <i>Frederick Minch</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Mary M. Keesh</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>G. J. Butler</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Killed by R R train</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dennis E. O'Neal</i>
	Address <i>Cumtbr land Md</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Killus</i>		Town <i>Frostburg</i>		County <i>Kenns</i>		State <i>MARYLAND</i>	
Died at <i>Frostburg</i>		Month <i>Aug</i>		Day <i>22</i>		Age <i>4</i> Years <i>2</i> Months <i>4</i> Days <i>2</i>	
Date of death <i>1903 Aug 22</i>		Sex <i>M</i>		Color or Race <i>W</i>		Birth-place <i>Frostburg</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Killus</i>		Father's Birthplace <i>Latoria</i>					
Mother's Maiden Name <i>Mrs. Groulaskie</i>		Mother's Birthplace <i>Murica</i>					
Name of person giving information <i>John Killus</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long <i>10 1/2</i>	<i>Five weeks</i>
Immediate	<i>"</i>	How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Griffith</i>	
		Address <i>Frostburg Md</i>	
Accident or Suicide?			

*

Forthright & Co.

Name
in
Full

Mary Tully base 8/1/11

(Cremated Card)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Larry</u> Town		County <u>Allegheny</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>2</u>	Age <u>62</u>	Years <u>2</u>	Months <u>7</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Cumbrland</u>			
Occupation <u>acid practitioners</u>	Where Residing if not at place of death <u>Larry, Allegheny Co.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>James Tully</u>	Father's Birthplace <u>P.A.</u>				
Mother's Maiden Name <u>Hannah Stoffer</u>	Mother's Birthplace <u>Rawlins Md</u>				
Name of person giving information <u>Sarah Tully</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis</u>	How long <u>18 mns</u>
Immediate <u>General exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. N. Wiley</u>
	Address <u>Cumbrland Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Henry F. Ruth Luman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camden</u> ^{Town}		<u>Camden</u> ^{County}		MARYLAND	
Date of death	1905	Month	8	Day	24
Age	54	Months		Days	
Sex	Male	Color or Race	White	Birthplace	Camden
Occupation					
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
		Henry F. Ruth Luman			
Father's Name		Bernard Ruth Luman		Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information		G. F. Dutton		How related to deceased	

CAUSES OF DEATH

Physician
OR CORONER

Primary	<u>Heart trouble</u>	How long	<u>79</u>
Immediate	<u>Heart trouble</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of <u>Dennis E. V. Neal</u> Coroner	
		Address <u>Camden Camden 16</u>	
Accident or Suicide?			

10/1/77

4 1/2 8 1/2 8 1/2

Name

in
Full

Cleaveland Chester Lease

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pinto</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 1905	<u>August</u> Month	<u>31</u> Day	Age	<u>Two</u> Years	<u>24</u> Months
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Pinto</u>		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name <u>Frederick W. Lease</u>			Father's Birthplace <u>West Va</u>		
Mother's Maiden Name <u>Minnie Lease</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Minnie Lease</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

Primary <u>Whooping cough</u> (8)	How long <u>Two weeks</u>
Immediate	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

InLawryEdw. J. Crasafant

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Mrs. Mary Lee* Town *Osternport* County *Allegheny* MARYLAND

Died at *Osternport* Date of death *Aug 1 1903* Month *Aug* Day *1* Age *63* Years *63* Months *0* Days *0*

Sex *female* Color or Race *White* Birth-place *Island*

Occupation *retired* Where Residing if not at place of death *Osternport*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Morgan Canby*

Father's Name *Morgan Canby* Father's Birthplace *Island*

Mother's Maiden Name *Mary* Mother's Birthplace *Island*

Name of person giving information *Patrick Canby* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

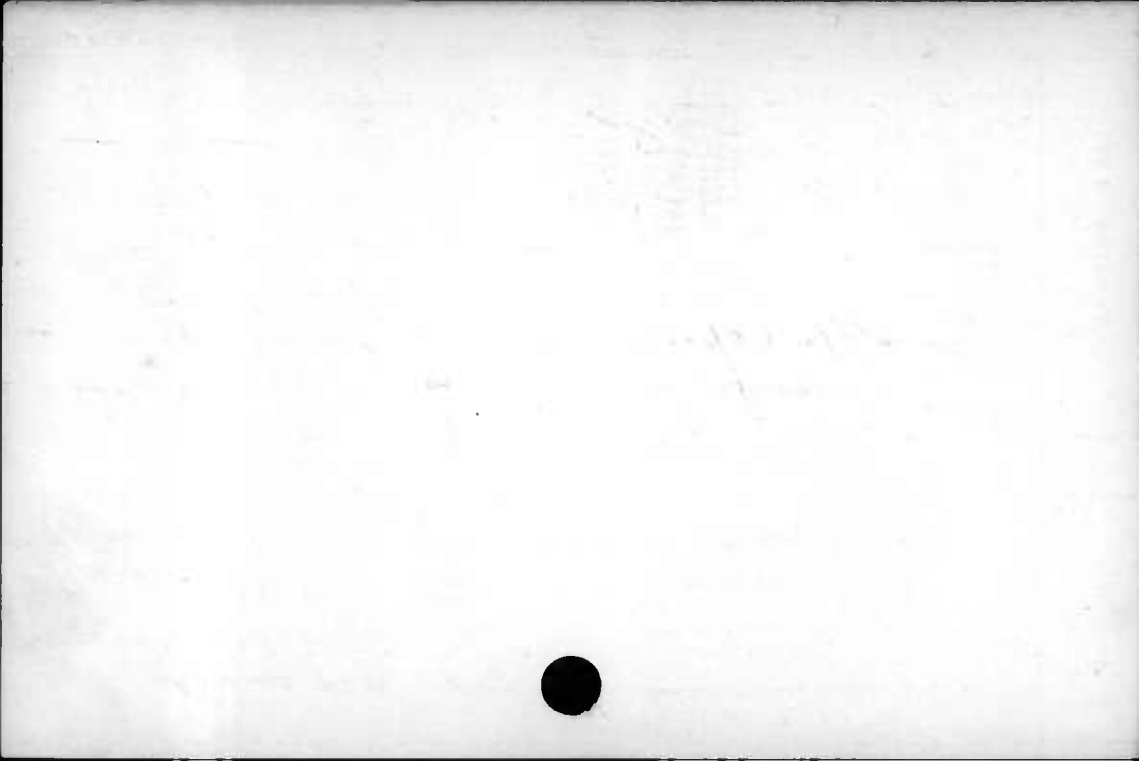
Primary *Bronchitis* How long *2 years*

Immediate *Exhaustion* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. B. Shupe* Address *W. Shupe St.*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jules. Callan Leroux — Town **Cumby** County **MARYLAND**

Died at **Cumby** —

Date of death **1905** — **8** — **24** Age **Born Aug 28 04** —
 Sex **Male** — Color or Race **White** Birth place **Cumby**

Occupation **Where Residing if not at place of death**

Married, Single or Widowed **Single** Name of Wife or Husband **Gayle Leroux**

Father's Name **Gayle Leroux** Father's Birthplace **Indo**

Mother's Maiden Name **Wurby** Mother's Birthplace **Chillicothe**

Name of person giving information **J. J. O. (105)** How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

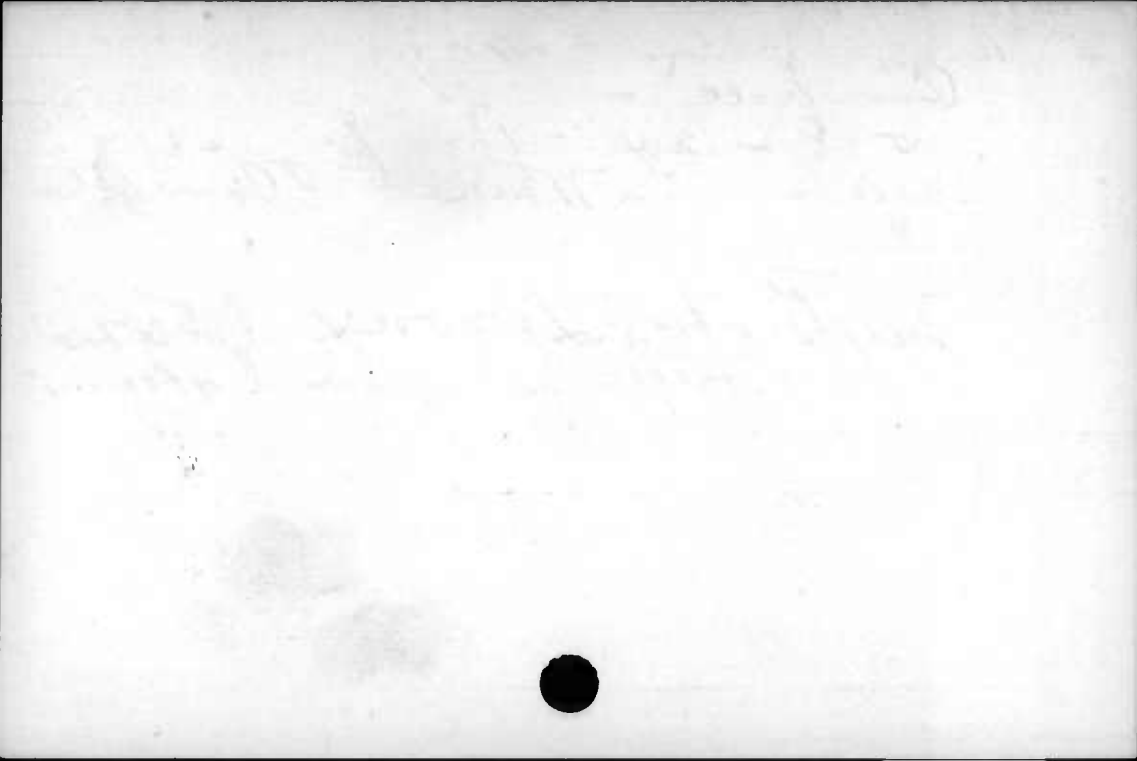
Primary **Cholera Infantum** How long **7 WEEKS**

Immediate **Exhaustion** How long **—**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **Geo L. Board** Address **Cumby Md**

Accident or Suicide? **—**



Name
in
Full

CERTIFICATE OF DEATH

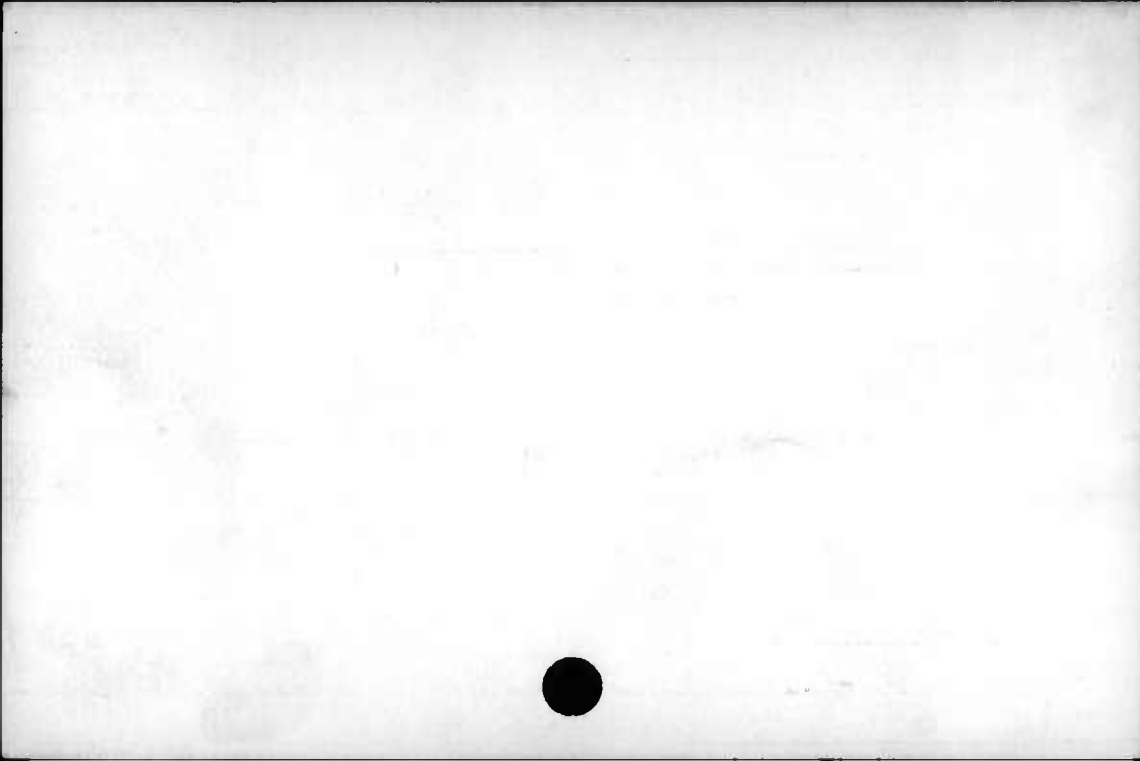
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jacob Lindemann</i>		Town <i>Cum</i>		County <i>Alle</i>		MARYLAND					
Died at <i>Cum</i>		Month <i>Aug</i>		Day <i>10</i>		Years <i>83</i>		Months <i>4</i>		Days	
Date of death <i>1905</i>		Month <i>Aug</i>		Day <i>10</i>		Age <i>83</i>		Months <i>4</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>							
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Stanons Park</i>									
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband									
Father's Name <i>_____</i>		Father's Birthplace									
Mother's Maiden Name <i>_____</i>		Mother's Birthplace									
Name of person giving Information <i>Jacob Gailach</i>		How related to deceased <i>Son-in-law</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholecystitis</i>	How long <i>month</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Jochimsen</i>
	Address <i>Cumbersland W</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

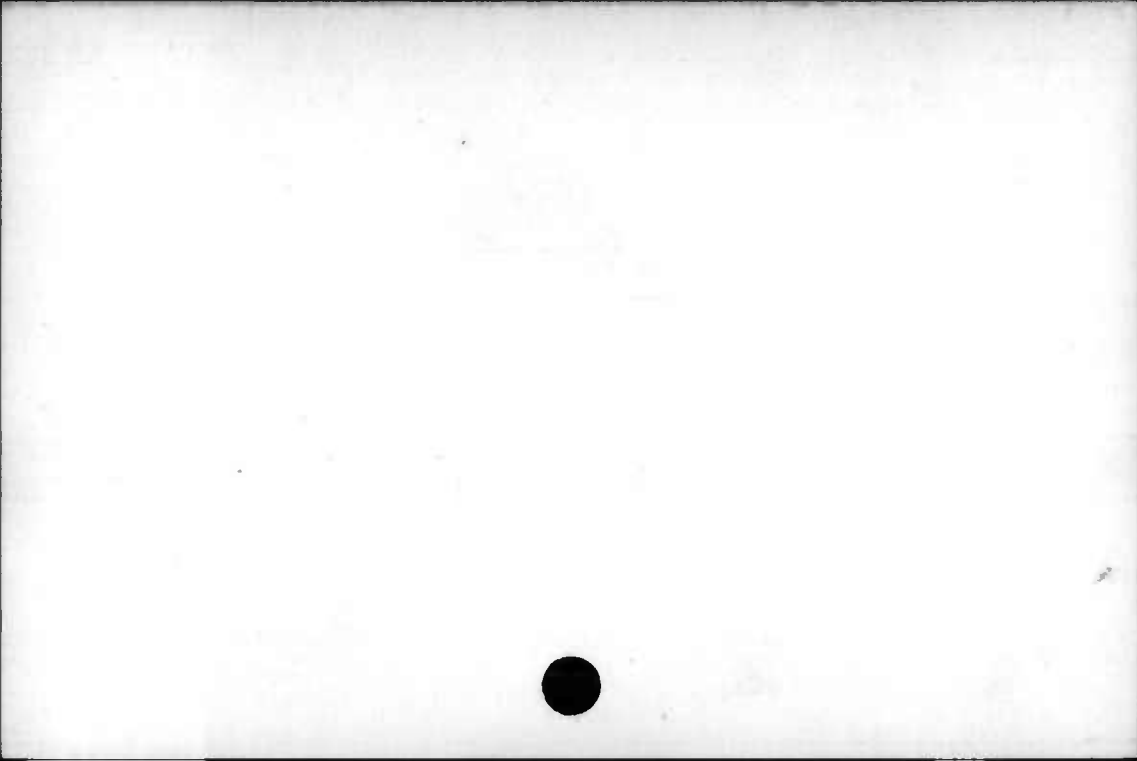
MARYLAND

Died at <i>Cumma</i>		Town		County	
Date of death <i>1905</i>	Month <i>aug</i>	Day <i>9</i>	Age <i>3</i>	Years <i>3</i>	Months <i>3</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Cumma</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Cumrad Linderman</i>			Father's Birthplace <i>Cumma</i>		
Mother's Maiden Name <i>Melissia Braunt</i>			Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Cumrad Linderman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abcess of Lung</i>	How long <i>8 weeks</i>
Immediate <i>exhaustion</i>	How long <i>8 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. G. Barkdoll</i>
<i>LOUIS STEIN</i>	Address <i>Cumma</i>
Accident or Suicide?	



Name
in
Full

Francesco Lisante

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumhd</i> ^{Town}		<i>Alegany</i> ^{County}		MARYLAND	
Date of death <i>1903 Aug</i> ^{Month}	<i>12</i> ^{Day}	Age <i>2</i> ^{Years}	<i>2</i> ^{Months}	<i>0</i> ^{Days}	
Sex <i>Male</i>	Color or Race <i>Italian</i>	Birth-place <i>Cumhd</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Francesco Lisante</i>		Father's Birthplace <i>Italy</i>			
Mother's Maiden Name <i>Emilia Fragala</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Francesco Lisante</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	<i>(17)</i>	How long <i>3 m</i>
Immediate <i>Exhaustion</i>		How long <i>3 m</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. B. Claprooke</i>	Address <i>Easton, Maryland</i>
Accident or Suicide? <i>—</i>		<i>M. A.</i>

33 Roberts Sp.

Name in Full William F. Llewellyn		CERTIFICATE OF DEATH	
Town Moscow Mills		County Pettingham	
Died at		MARYLAND	
Date of death	Month Aug	Day 1	Years 1
Sex Male	Color or Race White	Birth-place Moscow Mills	Months 6
Occupation —	Where Residing if not at place of death —		
Married, Single or Widowed —	Name of Wife or Husband —		
Father's Name Frank Llewellyn	Father's Birthplace Ocean		
Mother's Maiden Name Ada Messer	Mother's Birthplace Boston		
Name of person giving information Frank Llewellyn	How related to deceased Sister		
CAUSES OF DEATH			
Primary Cholera - infantum	How long 15 hours		
Immediate Incontinence	How long 16 hours		
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. O. Skilling M.D.		
	Address Linacresing		
Accident or Suicide? no			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Patrick Lynch		Town Allegany		County Allegany		State MARYLAND	
Died at		Month Aug		Day 9		Age 42	
Date of death 1905		Month Aug		Day 9		Age 42	
Sex M		Color or Race W		Birthplace Ireland		Months —	
Occupation Saloon keeper		Where Residing if not at place of death —		Months —		Days —	
Married, Single or Widowed ✓		Name of Wife or Husband Lynch		Father's Birthplace Ireland		Mother's Birthplace Ireland	
Father's Name		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Mother's Maiden Name		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Name of person giving information Thos. H. Morgan		How related to deceased none		Father's Birthplace		Mother's Birthplace	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Int. Myocarditis	How long Several months
Immediate Heart failure	How long few days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician L. H. Griffith
	Address Proctoring Ind
Accident or Suicide? —	



Name
in
Full

Teresa Mc Grail

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cumuld ^{Town}

County

Alleghany

Date of death

190

Month

Aug

Day

7

Years

Age

28

Months

Days

Sex

FemaleColor or
RaceWhiteBirth-
placeWesternport Md.

Occupation

HousewifeWhere Residing if not
at place of deathMarried, Single
or WidowedMarriedName of Wife or
HusbandJ. T. Mc GrailFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationJ. T. Mc GrailHow related
to deceasedHusband

CAUSES OF DEATH

Primary

Consumption

How long

Immediate

Exhaustion

How long

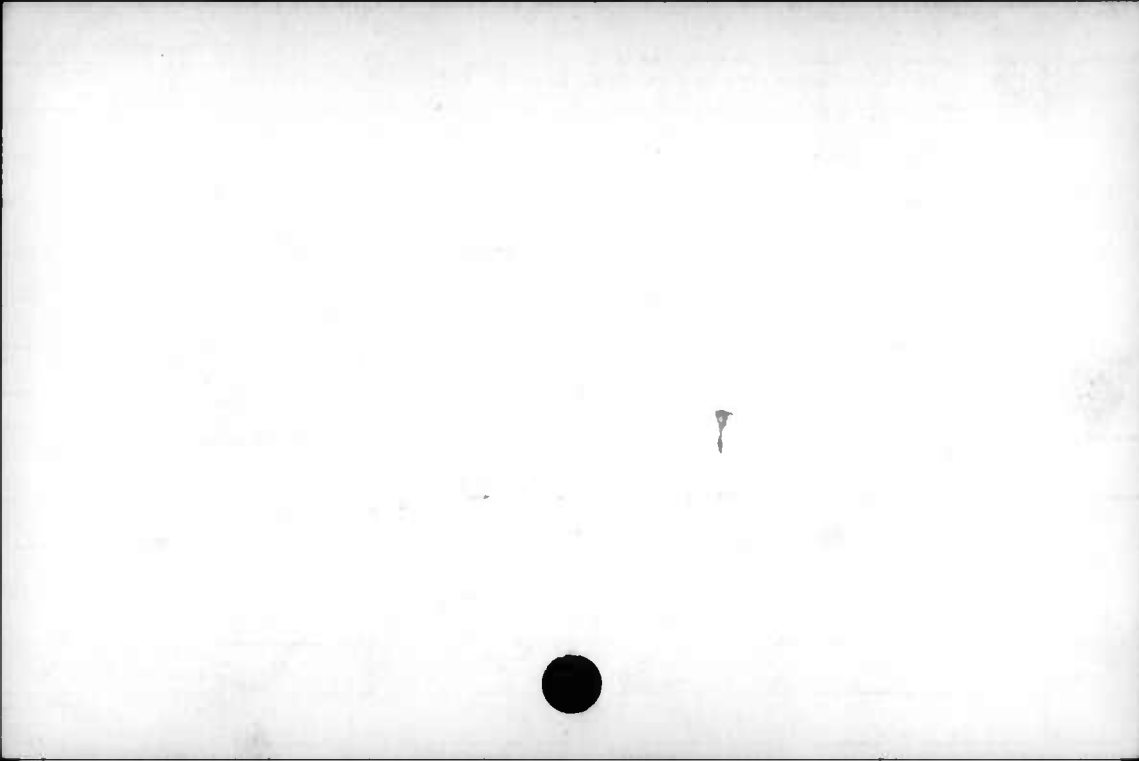
Are the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianDr. Thos. Koon

Address

Chamberland
Md.

Accident or Suicide?

noPHYSICIAN
OR CORONER



Name
in
Full

A. M. Mullen

CERTIFICATE OF DEATH

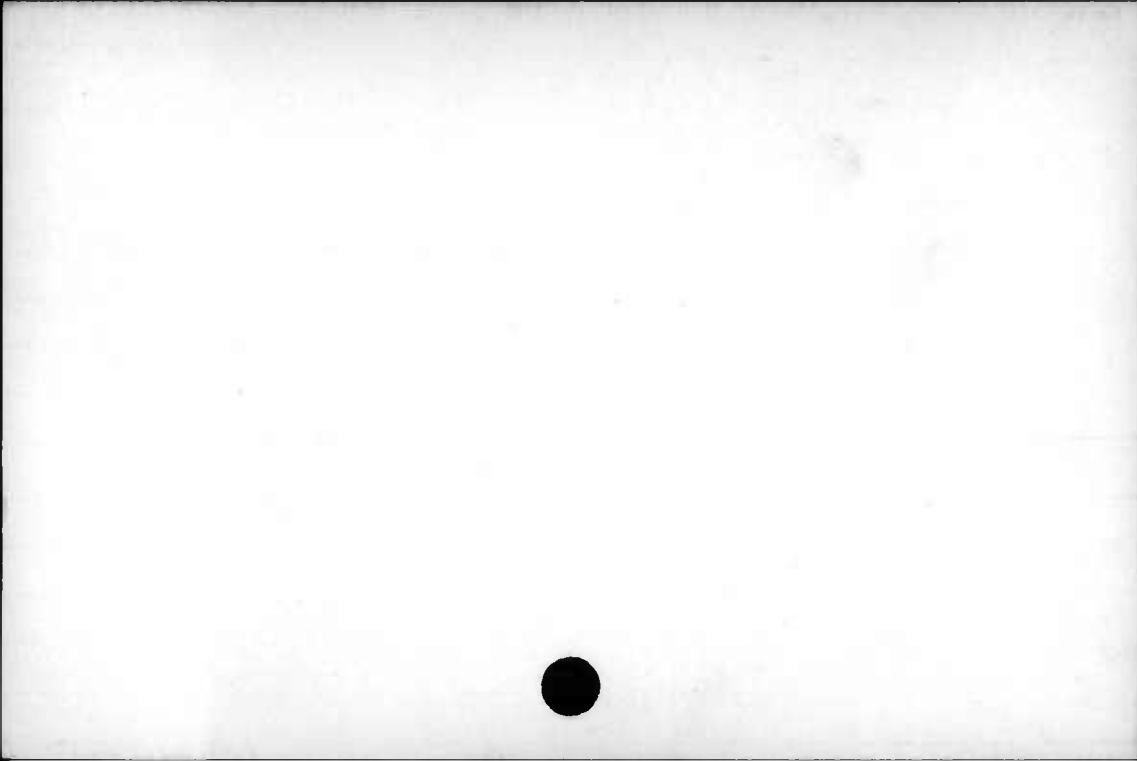
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burton</i> Town		<i>Ally</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>8</i>	Day <i>17</i>	Age <i>about 45</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Shelburne</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			<i>J. J. Bullen</i>		
			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Killed on P.R.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dennis E. O'Neal</i>
	Address <i>Cor -</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
Samuel W. Merty		Town Cumberland		County Allgemary	
Died at		Date of death		Maryland	
Month Aug		Day 21		Years 56	
Sex Male		Color or Race White		Birth-place Maryland	
Occupation Liner		Where Residing if not at place of death Cumberland			
Married, Single Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information Charles Merty		How related to deceased 100			
CAUSES OF DEATH					
Primary Fall from Barn Roof		How long			
Immediate Fractured Skull & Cortex brain		How long		5 1/2 hrs	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. B. Leaybrook M.D.		Address Cumberland Md	
Accident or Suicide? Accident					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Witter Beer
Town *Cumberland* County *Allegheny*

MARYLAND

Died at *Cumberland Allegheny*
Date of death *1905 Aug 29* Age *65* Months *4* Days *—*

Sex *Male* Color or Race *White* Birth-place *Pa.*

Occupation *Lumber Dealer* Where Residing if not at place of death *Maryland on New Ireland*

Married, Single or Widowed *Married* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

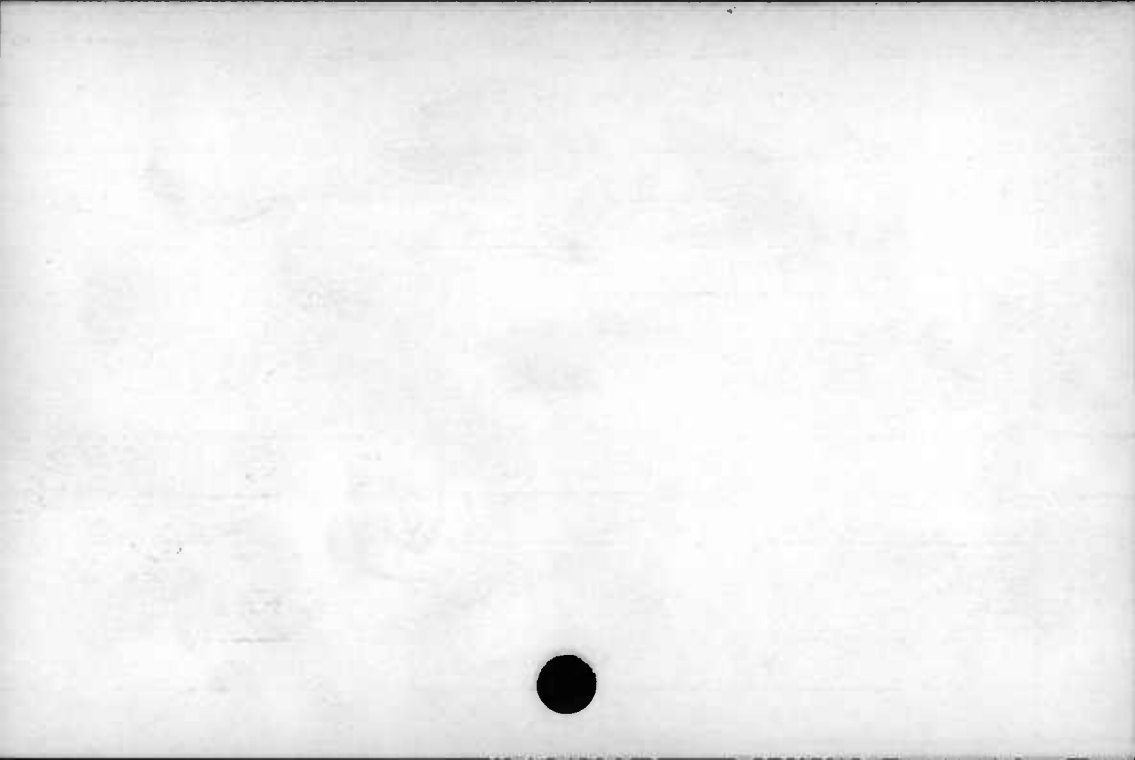
Name of person giving Information *—* How related to deceased *—*

CAUSES OF DEATH

Primary *Accident* How long *Immediate*
Immediate *Accidental* How long *✓*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. M. Mumbail*
Address *Act Coroner*

Accident or Sudden? *Accident*



Name
in
Full

Gertrude Moore

CERTIFICATE OF DEATH

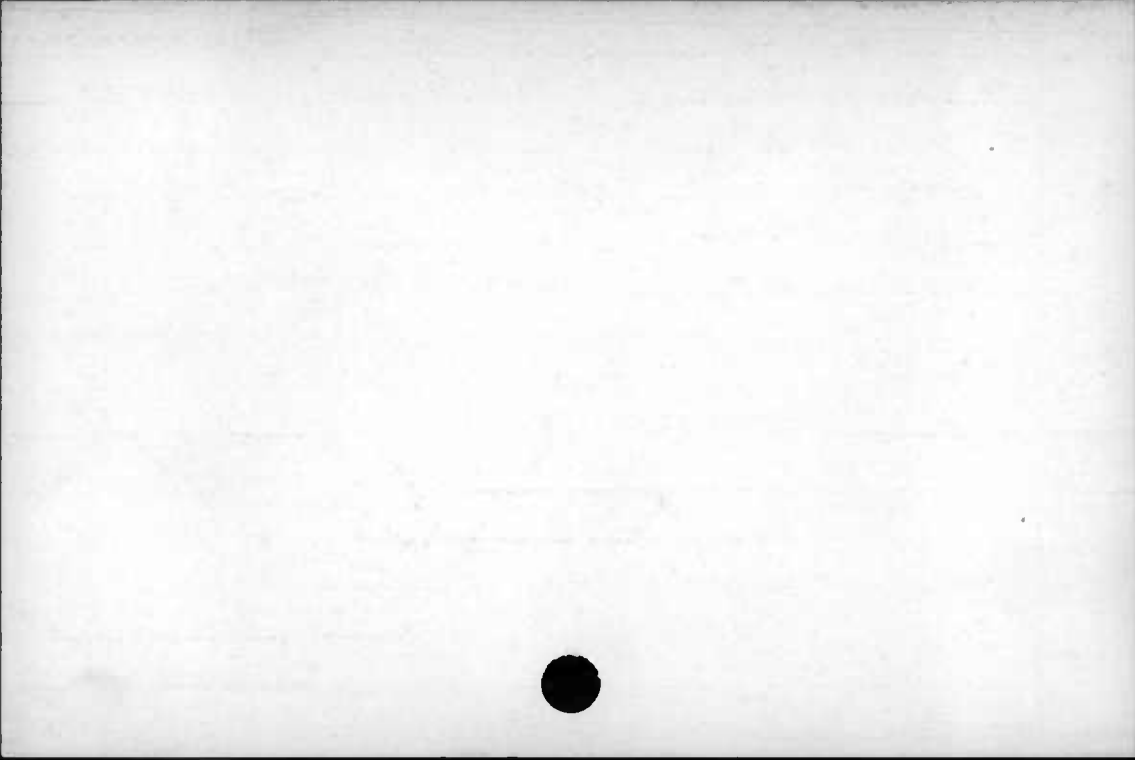
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Cumberland		Allegany					
Date of death		Month		Day		Age	
1905		Aug		1		60	
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation		Where Residing if not at place of death					
Housekeeper							
Married, Yes		Name of Wife or Husband					
		Edw Moore					
Father's Name		Father's Birthplace					
Harry Snyder		Germany					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Elizabeth Emmett		Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Liver	How long	1 yr
Immediate	Exhaustion	How long	1 da
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. L. Broadnuth	
Address		Cumberland Md.	
Accident or Suicide?		No	



Name
in
Full

Thomas Morgan

CERTIFICATE OF DEATH

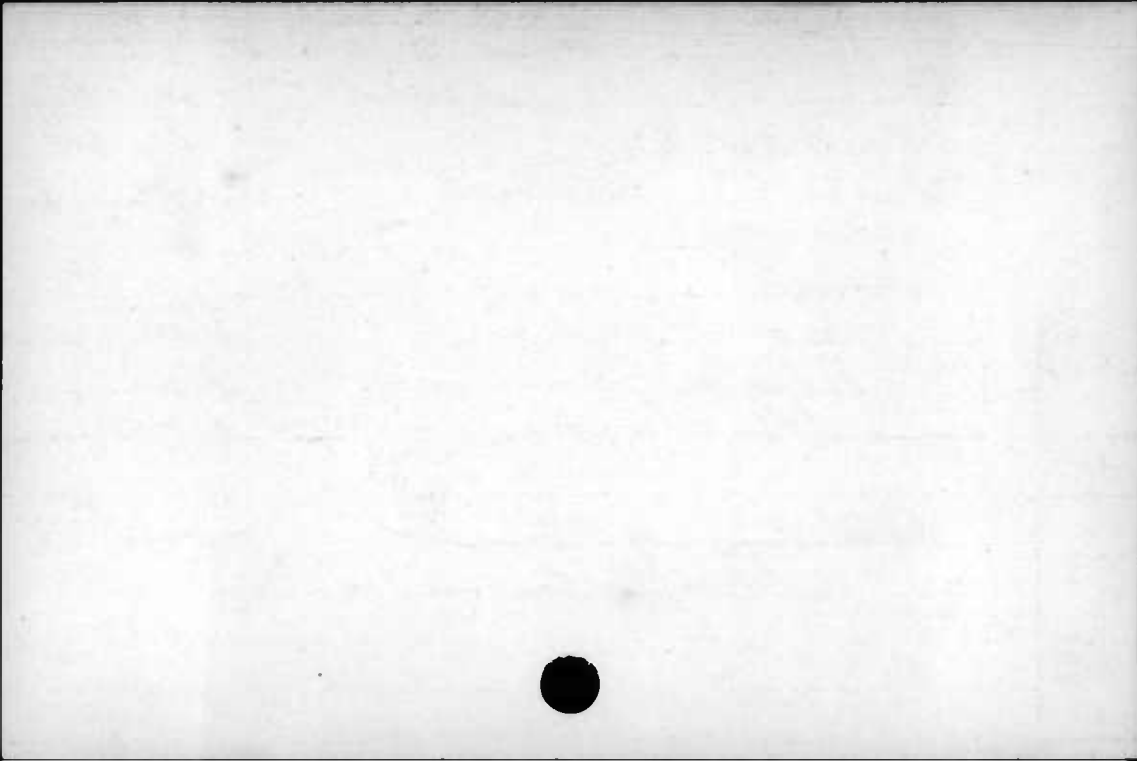
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtld</i>		Town <i>Cumtld</i>		County <i>aug</i>		MARYLAND							
Date of death <i>1905 aug</i>		Month <i>aug</i>		Day <i>15</i>		Age <i>87</i>		Years <i>3</i>		Months <i>3</i>		Days <i>-</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Wales</i>									
Occupation <i>Prudaler</i>				Where Residing if not at place of death <i>-</i>									
Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Ann Morgan</i>									
Father's Name <i>-</i>				Father's Birthplace									
Mother's Maiden Name <i>-</i>				Mother's Birthplace									
Name of person giving information <i>Wm Morgan</i>				How related to deceased <i>Son</i>									

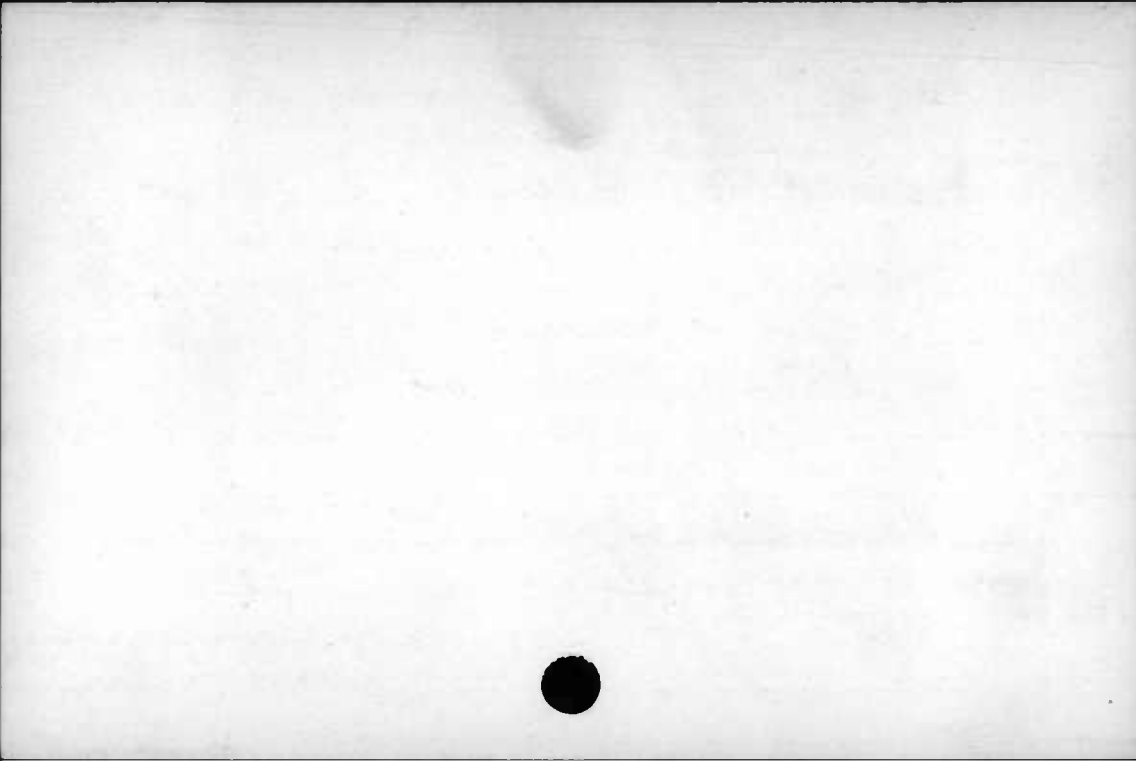
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>4 or 5 mo.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr Thos. Koon</i>
	Address <i>Cumtld Md.</i>
Accident or Suicide?	



Name in Full		George B Parker				CERTIFICATE OF DEATH	
Died at		Cumm		County		MILL	
Date of death		1905	Month	May	Day	27	Age
					Years	-	Months
					Days	-	14
Sex		Male		Color or Race		Colored	
Occupation				Birth-place		Ind	
				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Geo Parker				Father's Birthplace	
						Va	
Mother's Maiden Name		Eliza Gordon				Mother's Birthplace	
						Ind	
Name of person giving information		Geo Parker				How related to deceased	
						Father	
CAUSES OF DEATH							
Primary		Obstruction of Bowels				How long	
						6 days	
Immediate		Exhaustion				How long	
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician	
						Dr S Sparks	
Address		232 B				City	
		LOUIS STEIN.				Sparks	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

Andrew Patterson

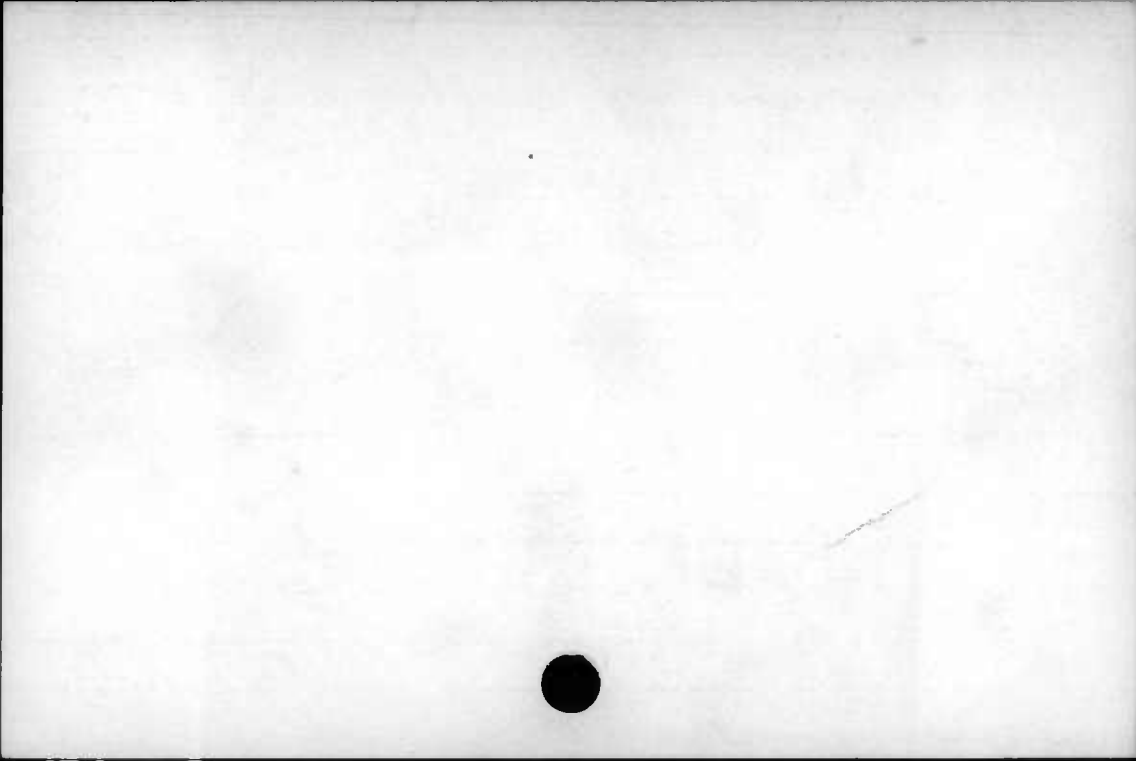
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>allegany</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>8</i>	Day <i>8</i>	Age <i>about 60</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>col</i>		Birth-place <i>—</i>		
Occupation <i>waiter</i>		Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lucy Patterson</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arteric Stenosis</i>	How long <i>—</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Thompson</i>
	Address <i>63 n. mechanic</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas Ray

Town

County

MARYLAND

Died at

Greenland

Alle

Date

Month

Day

Years

Months

Days

of death

1905 Aug

18

Age

65

Sex

Male

Color or
Race

White

Birth-
place

unknown

Occupation

Where Residing if not
at place of death

Hospital

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

How long

Starvation

Immediate

How long

& exhaustion

Are the name, age, sex, color, date
and place correctly given above?

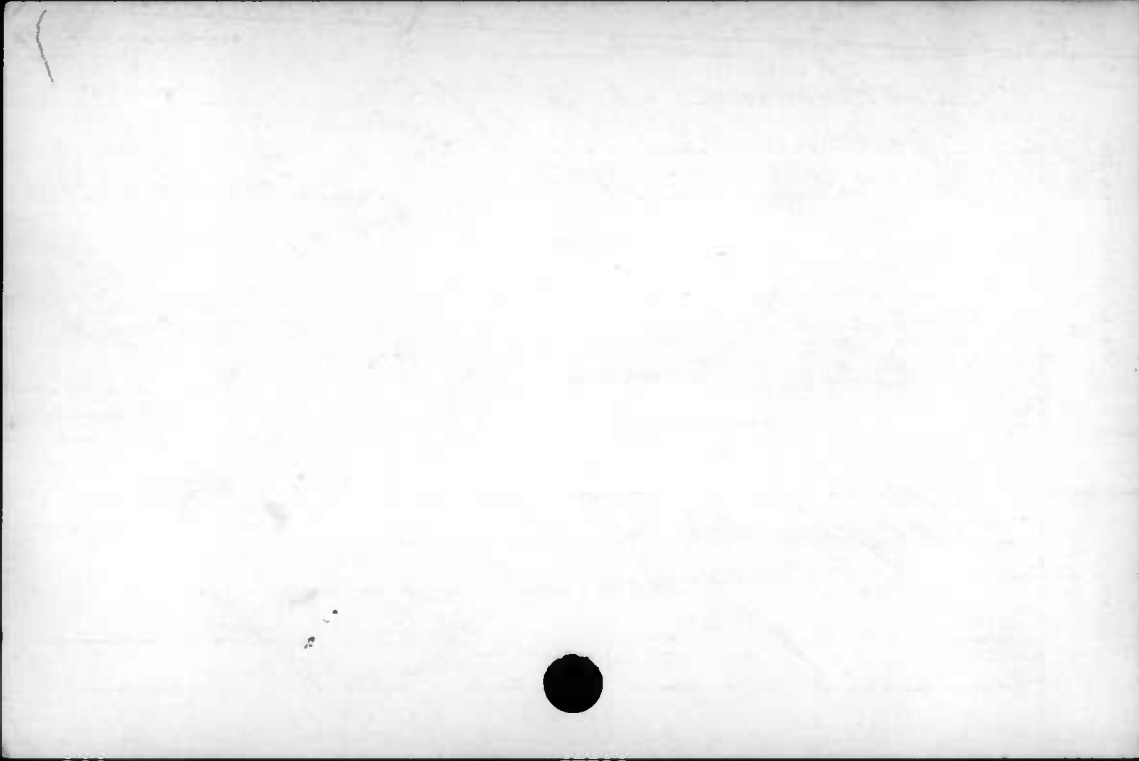
Signature of
Physician

Address

Wm E. Prigg
City

LOUIS STEIN.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Gladys Rees

Town

County

MARYLAND

Died at

Frostburg

Alleg

Date

Month

Day

Years

Months

Days

of death

1905 Aug 25

Age

5

—

Sex

F

Color or
Race

W

Birth-
place

Frostburg Ind

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Thos Rees

Father's
Birthplace

Frostburg Ind

Mother's
Maiden Name

Ella Thomas

Mother's
Birthplace

"

"

Name of person giving
In formation

—

How related
to deceased

—

CAUSES OF DEATH

Primary

Congestion of lungs

How long

2 days

Immediate

Pneumonia

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

L. H. Griffith

Address

Frostburg

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alley

Sm

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Chas D Rhine

Town

Cumwold

County

Allegheny

MARYLAND

Date

of death 1905

Month

8

Day

31

Age

Years

17

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

McKeesport

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John Rhine

Father's
Birthplace

Woodstock Md

Mother's
Maiden Name

Annie B. Cunningham

Mother's
Birthplace

McKeesport

Name of person giving
Information

John Rhine

How related
to deceased

Father

CAUSES OF DEATH

Primary

Killed by cars

How long

Immediate

How long

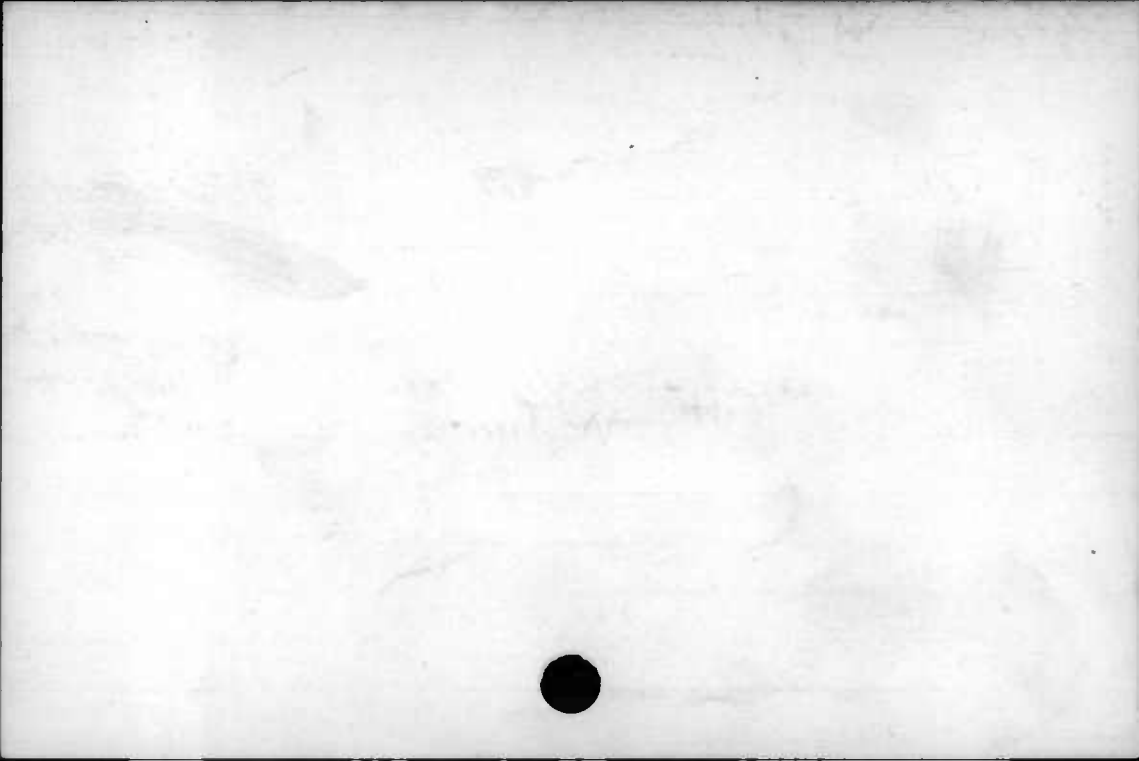
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. H. Haysboul Acting Coroner
Cumwold Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

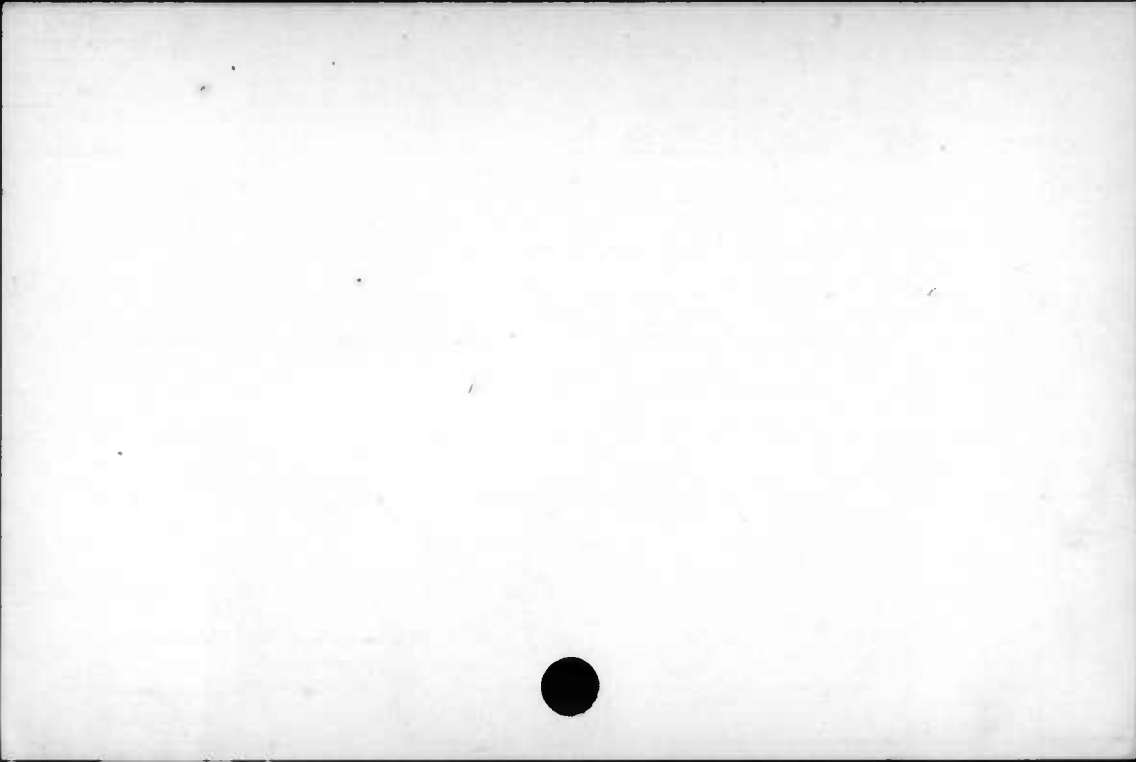
TO BE ANSWERED BY
NEAREST FRIEND

Name of Deceased <i>John Riddle</i>		Town <i>Gilman</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at <i>Gilman</i>		Date of death <i>1905 Aug 3</i>		Age <i>13</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>		Days <i>—</i>	
Occupation <i>School-boy</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>George Riddle</i>		Father's Birthplace <i>Lonaconing</i>					
Mother's Maiden Name <i>Matthie Jenkins</i>		Mother's Birthplace <i>Midland</i>					
Name of person giving information <i>Mrs. George Riddle</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Food stale poisoning</i>	How long <i>3 days</i>
Immediate Cause <i>Convulsions</i>	How long <i>Six hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Q. Skilling M.D.</i>
	Address <i>Lonaconing</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death

Age

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Clara Mabel Augusta Siffarth

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death 1905

Month

8

Day

26

Years

Age

1

Months

2

Days

Sex

Female

Color or
Race

white

Birth-
place

Hoffman, Md.

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Hy. Siffarth

Father's
Birthplace

Md.

Mother's
Maiden NameMother's
Birthplace

Md.

Name of person giving
information

—

How related
to deceased

—

CAUSES OF DEATH

Primary

Scarlet Fever

How long

1 wk

Immediate

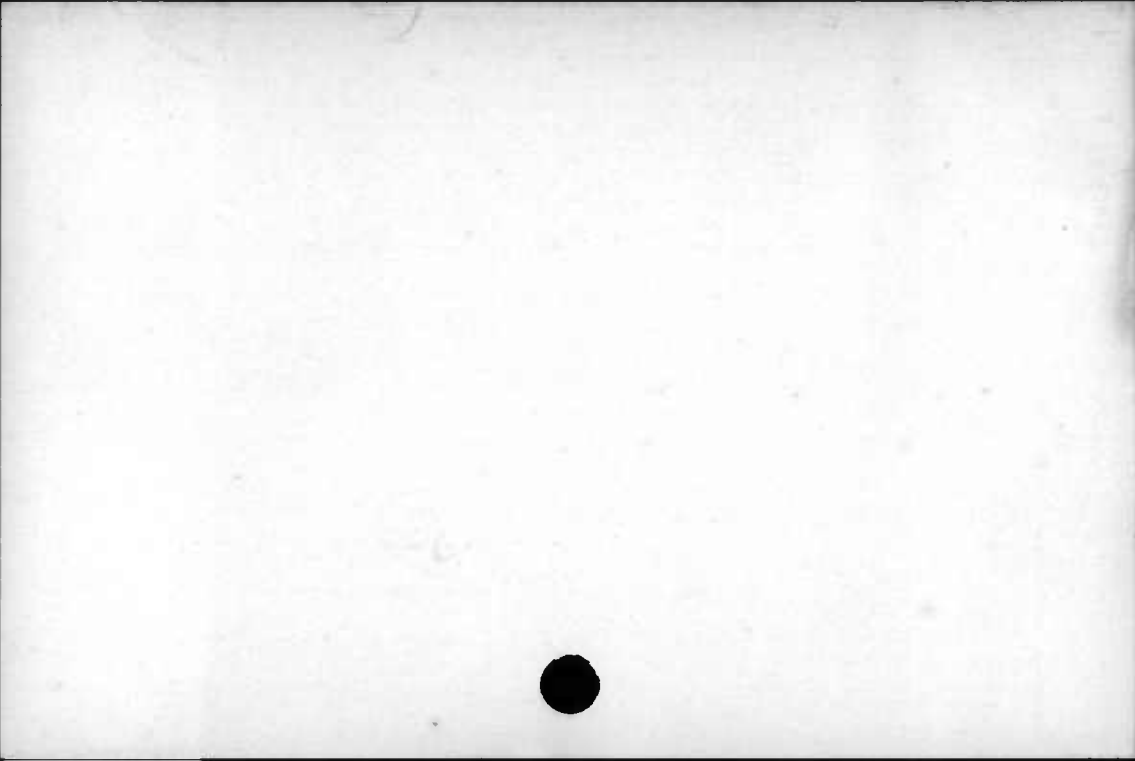
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

C. Jacob
H. Streunig
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Goldie Fay Shriver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at So Cumberland ^{Town} Allegheny ^{County} **MARYLAND**

Date of death 1905 Aug ^{Month} 14 ^{Day} Age — ^{Years} 5 ^{Months} 10 ^{Days}

Sex Female Color or Race White Birth-place So Cumberland, Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Emory F. Shriver Father's Birthplace W. Va.

Mother's Maiden Name Margaret S. Michael Mother's Birthplace W. Va.

Name of person giving information Mother How related to deceased Mother ✓

CAUSES OF DEATH

PHYSICIAN
OR CORONER

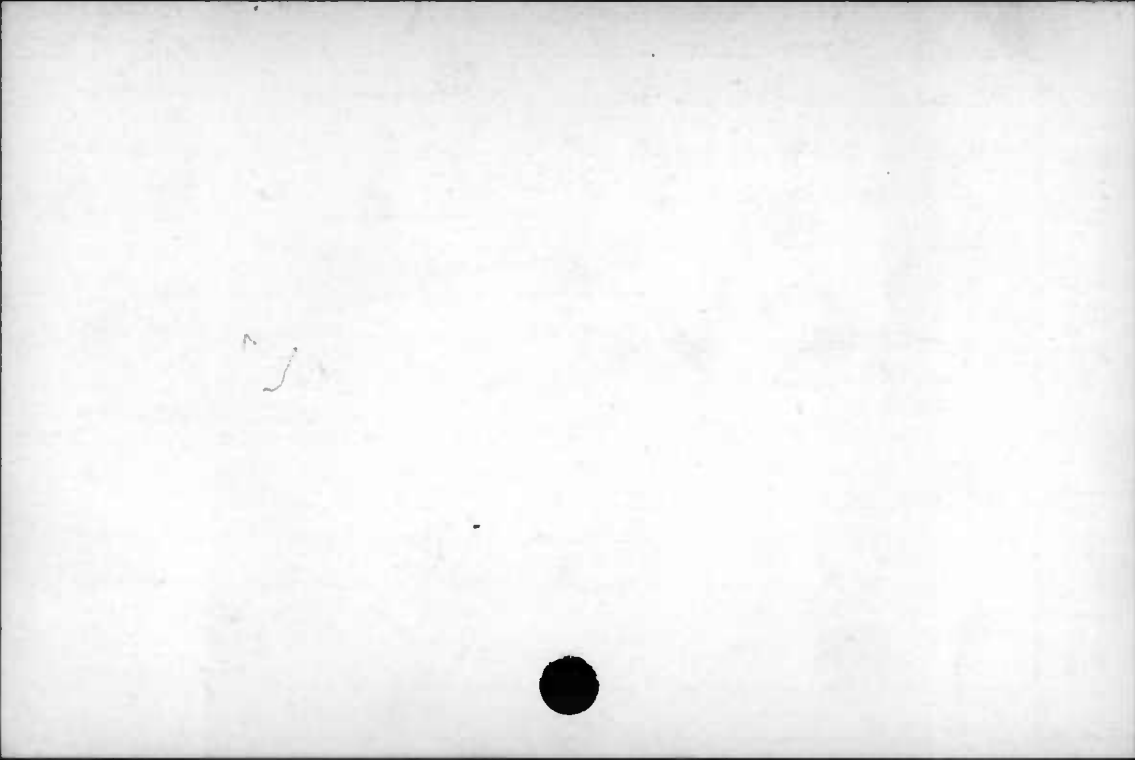
Primary Gastro-Enteritis 105 How long 1 mo

Immediate Exhaustion How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician G. L. Broadbent

Address Cumtburk Md.

Accident or Suicide? No



Name
in
Full

Arthur Smith Jr.

CERTIFICATE OF DEATH

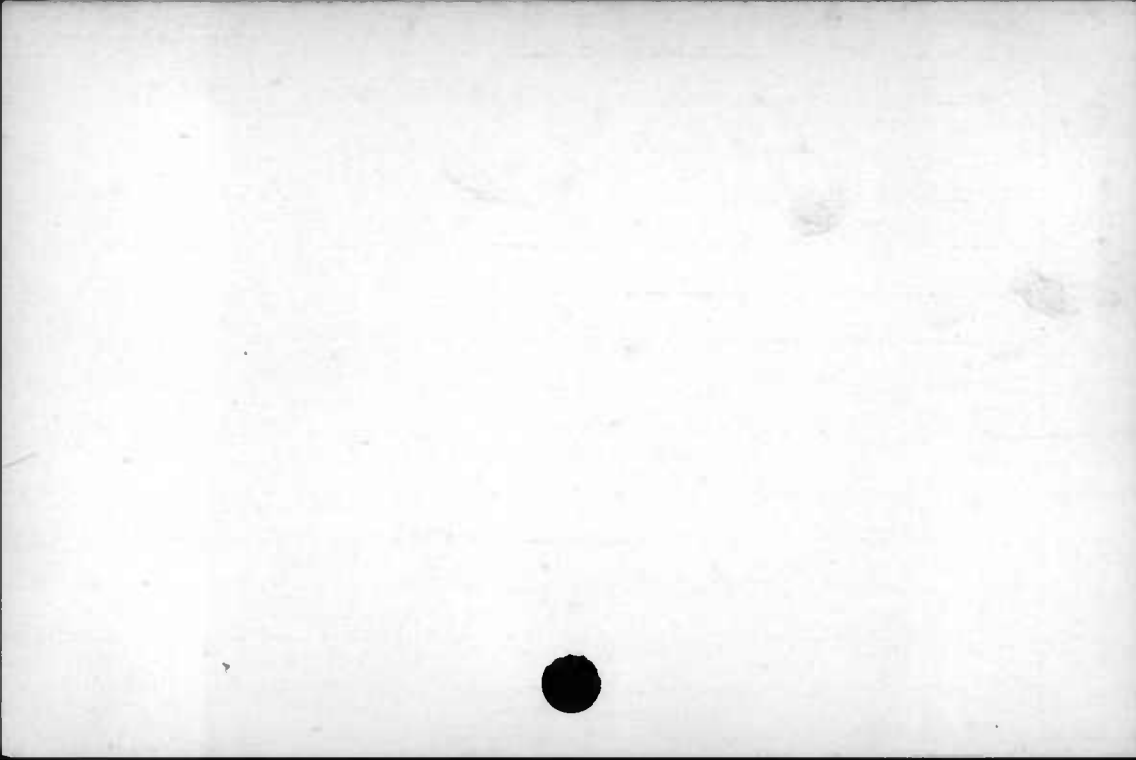
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> <small>Town</small>		<i>Allegany</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>8</i> <small>Month</small>	<i>26</i> <small>Day</small>	Age <small>Years</small>	<i>11</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Louisa, Conn.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Arthur F. Smith</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Hester Jaffner</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving information <i>Arthur F. Smith</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>1 hr</i>
Immediate <i>Meningitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Rich</i>
	Address <i>Frostburg W. Va.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lucy Smith*

Died at *Cumberland* Town *Allegheny* County

State *MARYLAND*

Date of death *190* Month *Aug* Day *7* Age *65* Years Months *—* Days *—*

Sex *Female* Color of Race *White* Birth-place *Cumuld.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving Information *Frank Beall* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paylasis* How long *4 days*

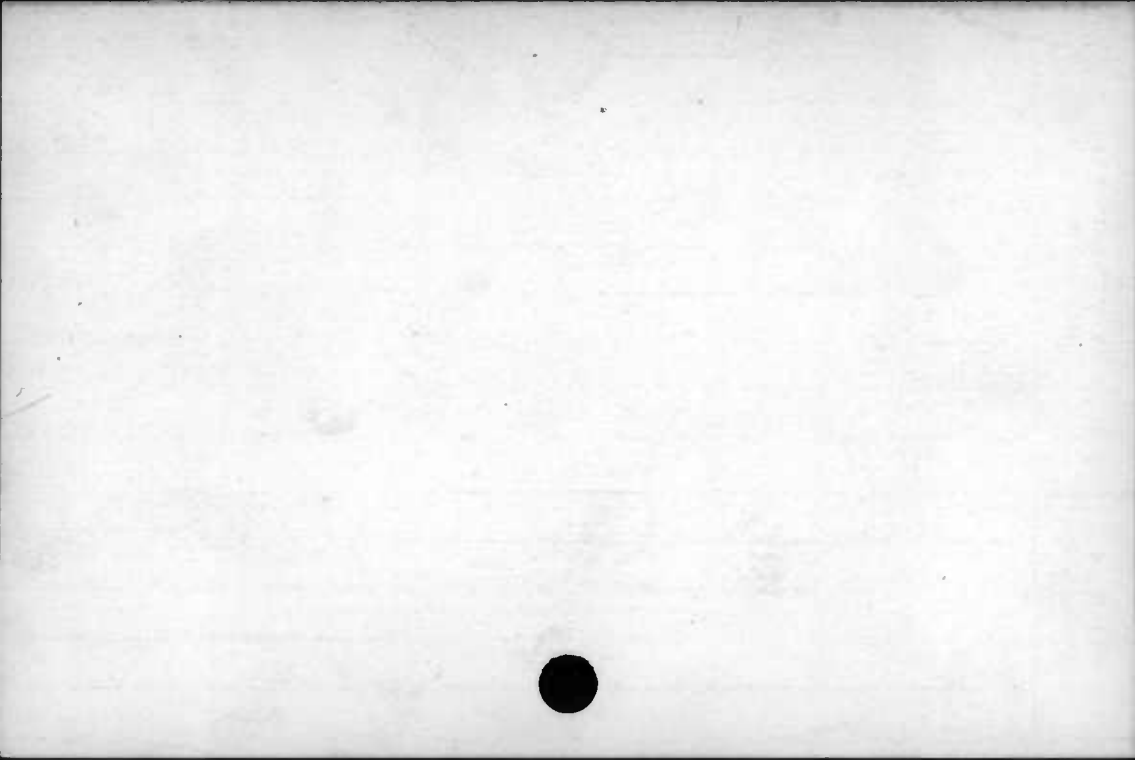
Immediate *exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? ☒ *60*

Signature of Physician *Wm F. Swigg*

Address *—*

Accident or Suicide? *LOUIS STEIN.*



Name in Full		Henry Snyder				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		County		MARYLAND		
	Date of death	1905	Month	Aug	Day	1	Age	
						Years	88	
						Months	4	
						Days	13	
	Sex	Male		Color or Race	White		Birth-place	Germany
	Occupation	Carpenter		Where Residing if not at place of death				
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name		Father's Birthplace					
	Mother's Maiden Name		Mother's Birthplace					
	Name of person giving information		How related to deceased					
	Mr. Homer Snyder		Daughter in Law.					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Debility of age				How long	1 yr	
	Immediate	Exhaustion from Enteritis				How long	1 wk	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
Accident or Suicide?		No.		Cumberland Md				



Name
in
Full

Karl Snyder

8/1/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>bumble</u>		County <u>Allegheny</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>aug</u>	Day <u>13</u>	Age <u>7</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Countersland</u>		
Occupation <u>-</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Henry Snyder Jr.</u>			Father's Birthplace <u>Countersland</u>		
Mother's Maiden Name <u>- bread -</u>			Mother's Birthplace <u>-</u>		
Name of person giving information <u>Henry Snyder</u>			How related to deceased <u>Father's</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>subject to spasm</u>	How long <u>for life</u>
Immediate <u>spasms</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. Docton</u>
	Address <u>-</u>
Accident or Suicide? <u>-</u>	



Name
in
Full

Elnar Stevens

CERTIFICATE OF DEATH

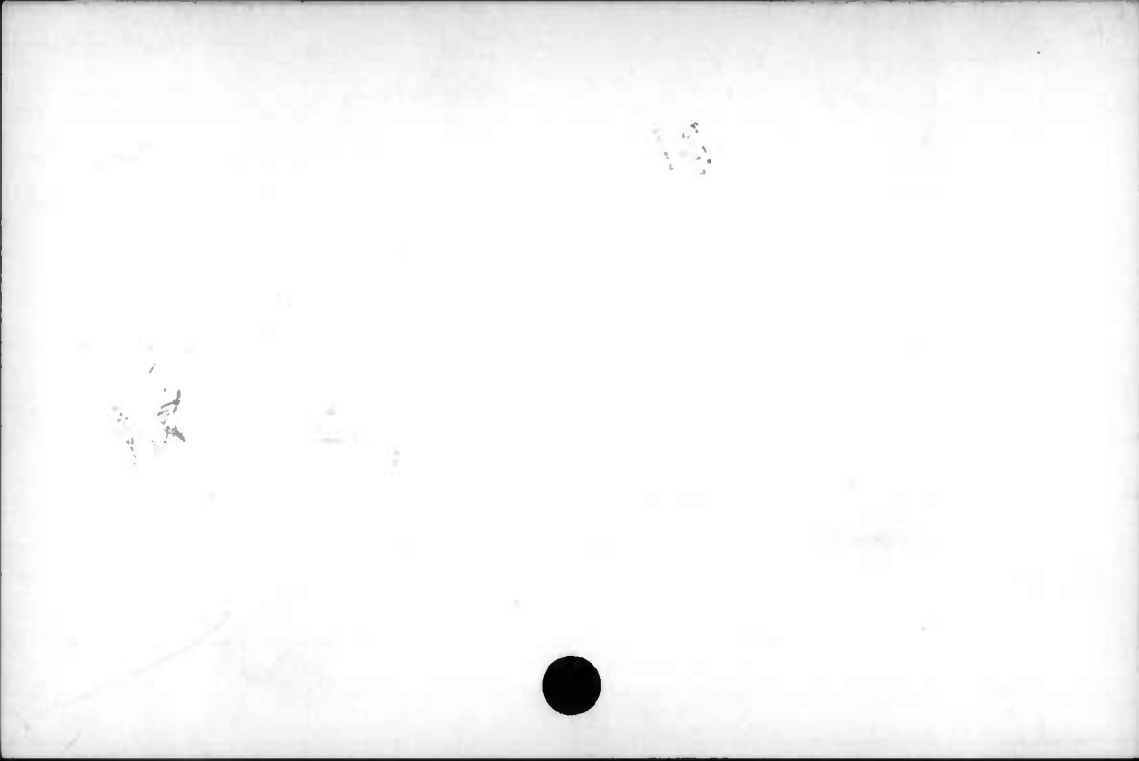
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bumala</u> Town		<u>Alleghany</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>aug</u>	Day <u>9</u>	Age <u>—</u>	Months <u>4</u>	Days <u>5</u>
Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place <u>Bumala</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Henry Stevens</u>			Father's Birthplace <u>va</u>		
Mother's Maiden Name <u>Ella Bruce</u>			Mother's Birthplace <u>W. Va</u>		
Name of person giving Information <u>Henry Stevens</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia Pneumonia</u>	How long <u>9 days</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr S Sparks</u>
	Address <u>D Sparks</u>
Accident or Suicide?	



Name
in
Full

Margaret Lillian Stockman

CERTIFICATE OF DEATH

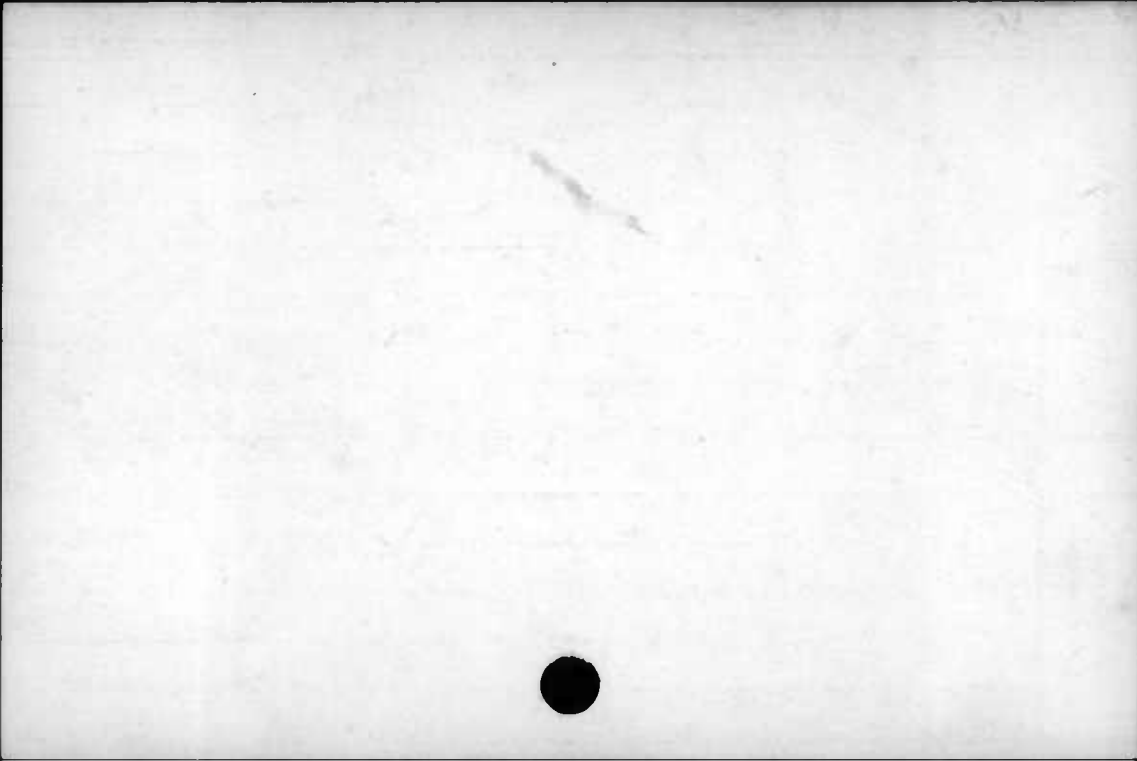
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegheny		MARYLAND	
Date of death	1905	Month Aug	Day 24	Age Years	4	Months	6
Sex	Female		Color or Race	White		Birth- place	Cumberland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Howard Stockman		Father's Birthplace	
Mother's Maiden Name				Hannie Kelley		Mother's Birthplace	
Name of person giving In formation				Howard Stockman		How related to deceased	
				Father			

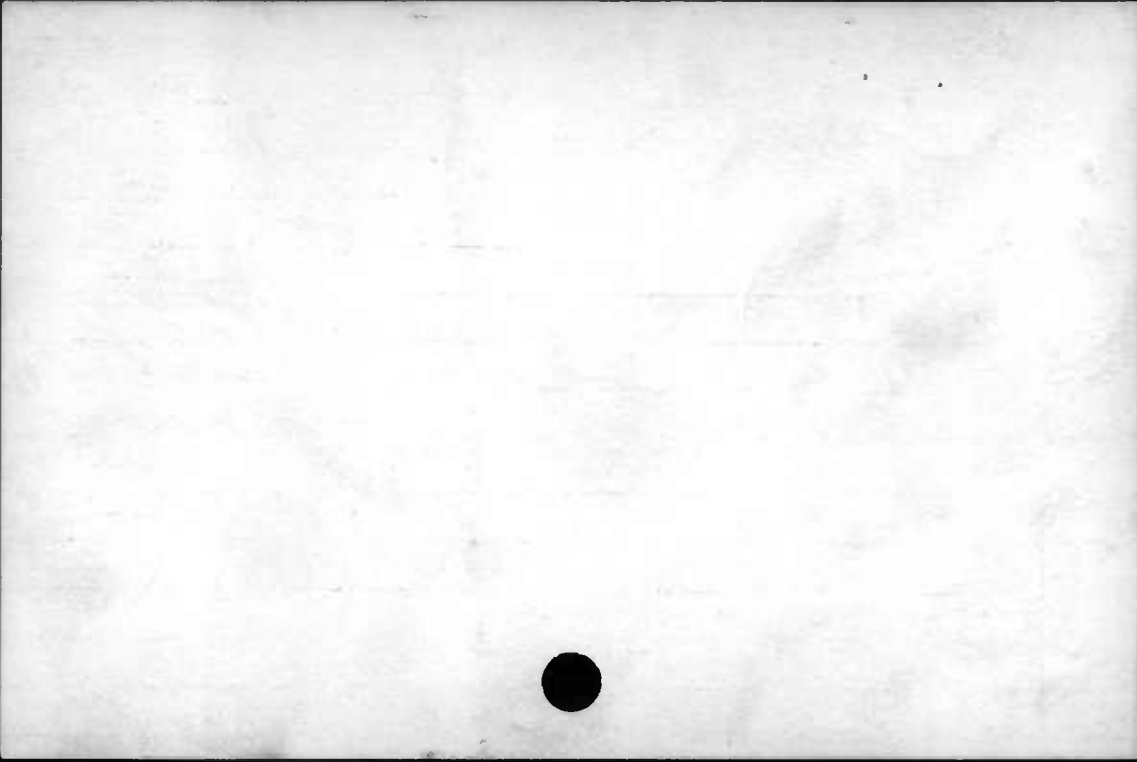
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	2 weeks
Immediate	Paralysis	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. B. Claybrooke	
Address		Cumberland Md.	
Accident or Suicide		LOUIS STEIN	



Name in Full		Hattie V Stuart -				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Twp Westport - Md		County Allegany			
		Date of death		Month Aug	Day 12	Years 43	Months 4	Days 14	
		Sex	Female		Color or Race	White		Birthplace	Maryland
		Occupation	House work		Where Residing if not at place of death		✓		
		Married, Single or Widowed	Married		Name of Wife or Husband		Daniel Stuart -		
		Father's Name	Henry Ross		Father's Birthplace	Md			
		Mother's Maiden Name	Lucinda Ross		Mother's Birthplace	Md			
Name of person giving information		Daniel Stuart -		How related to deceased		Husband			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER		Primary	Dropsy			How long	18 Wks.		
		Immediate	Heart Failure			How long	✓		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
		Accident or Suicide?		No		Address			
				D. J. Long		Richmond - Md.			



Name
in
Full

CERTIFICATE OF DEATH

Joseph Lewis Taylor

Town

County

MARYLAND

Died at

Cumtā

Allegany

Date

of death 1905

Month

Aug

Day

19

Age

Years

1

Months

7

Days

5

Sex

male

Color or
Race

White

Birth-
place

Cumtā

Occupation

~~~~~

Where Residing if not  
at place of death

~~~~~

Married, Single
or Widowed

~~~~~

Name of Wife or  
Husband

~~~~~

Father's
Name

Matt Taylor

Father's
Birthplace

Cumtā

Mother's
Maiden Name

Katie Deckerhoff

Mother's
Birthplace

Cumtā

Name of person giving
In formation

Katie Taylor

How related
to deceased

mother

CAUSES OF DEATH

Primary

Malaria

How long

Several months

Immediate

H. Hunter

How long

~~~~~

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

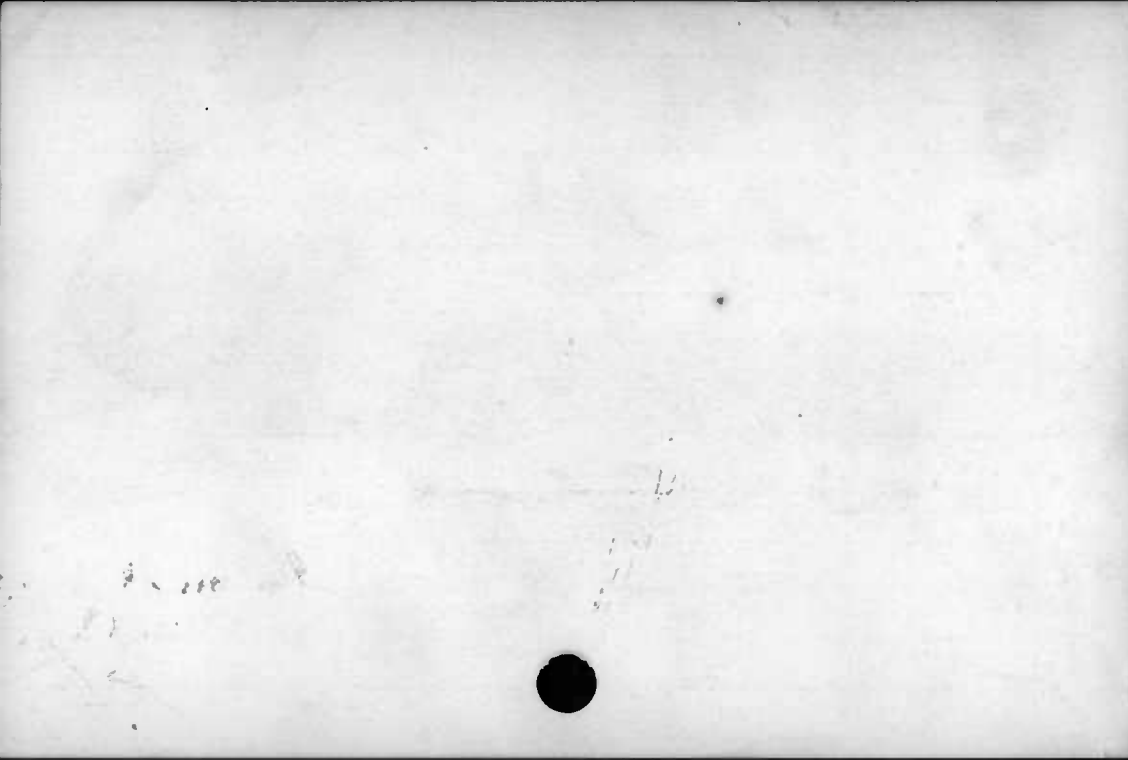
J. W. Dockner

Address

Cumtā, Allegany

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Eliza Valentine

## CERTIFICATE OF DEATH

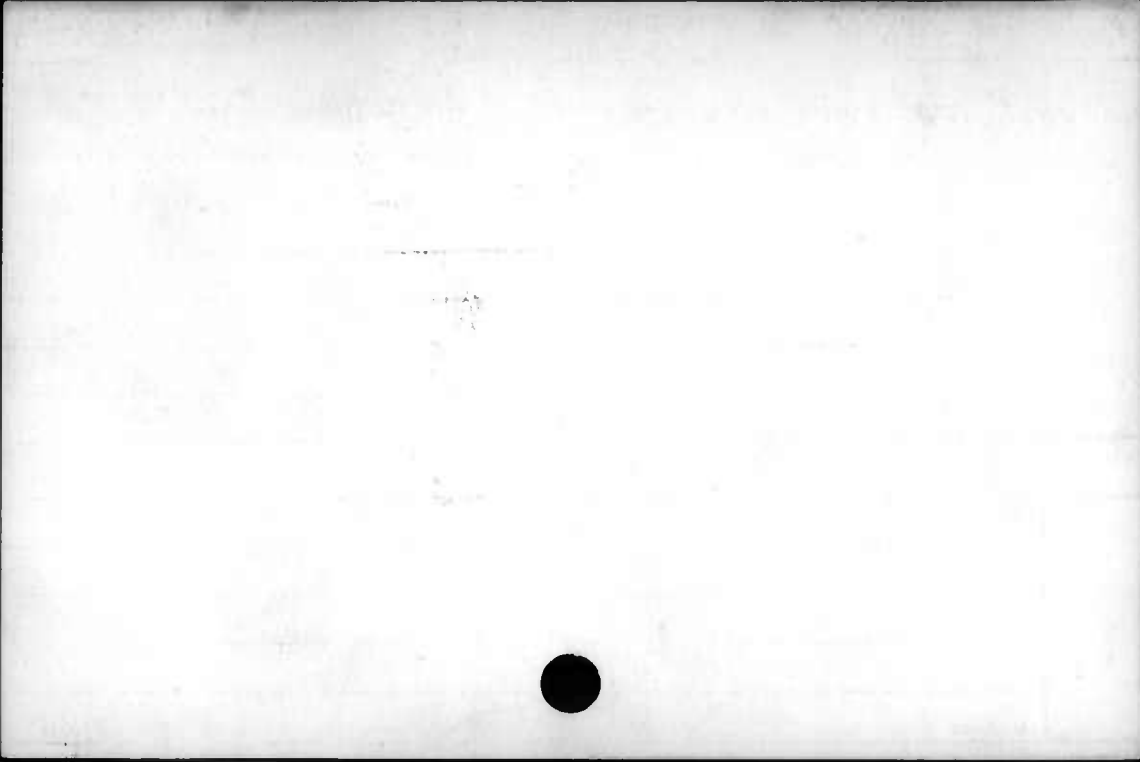
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                           |                                                  |                       |                                  |               |                |                 |               |
|-----------------------------------------------------------|--------------------------------------------------|-----------------------|----------------------------------|---------------|----------------|-----------------|---------------|
| Died at <i>Cumtce</i>                                     |                                                  | County <i>Accygon</i> |                                  | MARYLAND      |                |                 |               |
| Date of death                                             | 1905                                             | Month <i>Aug</i>      | Day <i>7</i>                     | Age <i>85</i> | Years <i>-</i> | Months <i>-</i> | Days <i>-</i> |
| Sex <i>Female</i>                                         | Color or Race <i>White</i>                       |                       | Birth-place <i>Bedford Co Pa</i> |               |                |                 |               |
| Occupation <i>House Keeper</i>                            | Where Residing if not at place of death <i>-</i> |                       |                                  |               |                |                 |               |
| Married, Single or Widowed <i>Widow</i>                   | Name of Wife or Husband <i>-</i>                 |                       |                                  |               |                |                 |               |
| Father's Name <i>-</i>                                    | Father's Birthplace                              |                       |                                  |               |                |                 |               |
| Mother's Maiden Name <i>-</i>                             | Mother's Birthplace                              |                       |                                  |               |                |                 |               |
| Name of person giving Information <i>George Valentine</i> | How related to deceased <i>Son</i>               |                       |                                  |               |                |                 |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |                                             |
|----------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Pneumonia</i>                                             | How long <i>6 mo.</i>                       |
| Immediate <i>Exhaustion</i>                                          | How long                                    |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Dr Thos Koops</i> |
|                                                                      | Address <i>Cumtce</i>                       |
| Accident or Suicide?                                                 | <i>Md.</i>                                  |



Name  
in  
Full

George Wagner

## CERTIFICATE OF DEATH

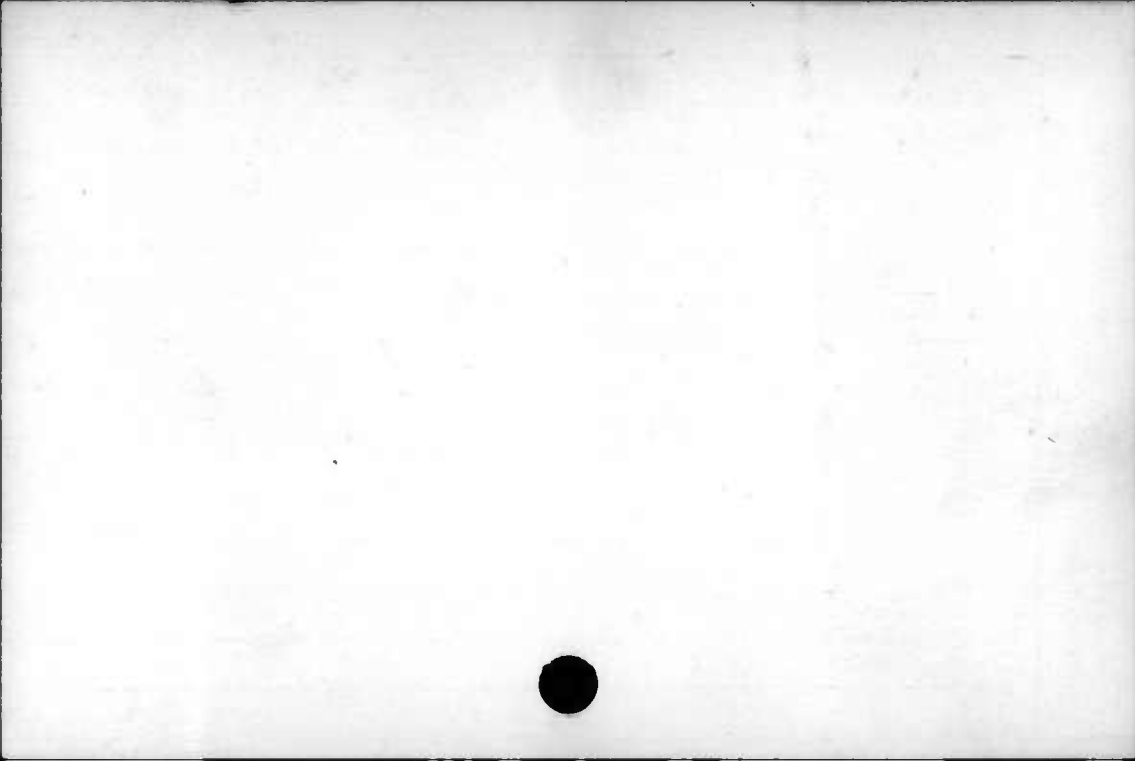
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                          |                                       |                                         |                               |                                |                              |
|----------------------------------------------------------|---------------------------------------|-----------------------------------------|-------------------------------|--------------------------------|------------------------------|
| Died at <b>Luke</b> <small>Town</small>                  |                                       | <b>Allegheny</b> <small>County</small>  |                               | <b>MARYLAND</b>                |                              |
| Date of death <b>1905</b> <small>Month</small>           | <b>Aug</b> <small>Day</small>         | <b>1</b> <small>Age</small>             | <b>1</b> <small>Years</small> | <b>1</b> <small>Months</small> | <b>8</b> <small>Days</small> |
| Sex <b>male</b>                                          | Color or Race <b>white</b>            | Birth-place <b>Luke</b>                 |                               |                                |                              |
| Occupation                                               |                                       | Where Residing if not at place of death |                               |                                |                              |
| Married, Single or Widowed <b>Single</b>                 | Name of Wife or Husband               |                                         |                               |                                |                              |
| Father's Name <b>Geo Wagner</b>                          | Father's Birthplace <b>W.Va.</b>      |                                         |                               |                                |                              |
| Mother's Maiden Name <b>Rosa Shank</b>                   | Mother's Birthplace <b>W.Va.</b>      |                                         |                               |                                |                              |
| Name of person giving information <b>Mrs Rosa Wagner</b> | How related to deceased <b>Mother</b> |                                         |                               |                                |                              |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |                                              |
|---------------------------------------------------------------------------------|----------------------------------------------|
| Primary <b>Maremm</b>                                                           | How long <b>4 wks</b>                        |
| Immediate <b>" "</b>                                                            | How long <b>" "</b>                          |
| Are the name, age, sex, color, date and place correctly given above? <b>yes</b> | Signature of Physician <b>J. I. Kattan's</b> |
|                                                                                 | Address <b>Piedmont W.Va.</b>                |
| Accident or Suicide? <b>no</b>                                                  |                                              |



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                         |  |                                                 |  |                                         |  |                  |  |
|---------------------------------------------------------|--|-------------------------------------------------|--|-----------------------------------------|--|------------------|--|
| Name in Full<br><i>Elizabeth Wehner</i>                 |  | Town<br><i>Frostburg</i>                        |  | County<br><i>Allegany</i>               |  | MARYLAND         |  |
| Died at                                                 |  | Month<br><i>8</i>                               |  | Day<br><i>22</i>                        |  | Age<br><i>63</i> |  |
| Date of death<br><i>1905</i>                            |  | Months<br><i>9</i>                              |  | Days<br><i>22</i>                       |  |                  |  |
| Sex<br><i>F</i>                                         |  | Color or Race<br><i>W</i>                       |  | Birth-place<br><i>Germany</i>           |  |                  |  |
| Occupation                                              |  |                                                 |  | Where Residing if not at place of death |  |                  |  |
| Married, Single or Widowed                              |  | Name of Wife or Husband<br><i>George Wehner</i> |  |                                         |  |                  |  |
| Father's Name<br><i>Elias Baughman</i>                  |  | Father's Birthplace<br><i>Germany</i>           |  |                                         |  |                  |  |
| Mother's Maiden Name                                    |  | Mother's Birthplace<br><i>Germany</i>           |  |                                         |  |                  |  |
| Name of person giving information<br><i>Fred Wehner</i> |  | How related to deceased<br><i>Son</i>           |  |                                         |  |                  |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |                                  |                                                 |                 |
|----------------------------------------------------------------------|----------------------------------|-------------------------------------------------|-----------------|
| Primary                                                              | <i>Softening of brain tissue</i> | How long                                        | <i>3 months</i> |
| Immediate                                                            | <i>Capillary Hemorrhage</i>      | How long                                        | <i>1 month</i>  |
| Are the name, age, sex, color, date and place correctly given above? |                                  | Signature of Physician<br><i>Dr. W. M. Lane</i> |                 |
|                                                                      |                                  | Address<br><i>Frostburg Md</i>                  |                 |
| Accident or Suicide?                                                 |                                  |                                                 |                 |

Frostburg Farm & Wood Co

recd  
Sept 10



Name  
in  
Full

Chas. S. Whisner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                                                         |                             |                                                  |                          |                                |                            |
|-----------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------|--------------------------|--------------------------------|----------------------------|
| Died at <u>Cumada</u> <sup>Town</sup>                                                   |                             | <u>Alligany</u> <sup>County</sup>                |                          | MARYLAND                       |                            |
| Date of death                                                                           | <u>1905</u> <sup>Year</sup> | <u>8</u> <sup>Month</sup>                        | <u>19</u> <sup>Day</sup> | Age <u>38</u> <sup>Years</sup> | <u>—</u> <sup>Months</sup> |
| Sex                                                                                     | <u>Male</u>                 | Color or Race                                    | <u>White</u>             | Birth place                    | <u>Great Cacapon</u>       |
| Occupation                                                                              | <u>Farmer</u>               | Where Residing if not at place of death <u>—</u> |                          |                                |                            |
| Married, <input checked="" type="checkbox"/> Single<br><input type="checkbox"/> Widowed | Name of Wife <u>Mary</u>    |                                                  |                          |                                |                            |
| Father's Name                                                                           | <u>Peter Whisner</u>        |                                                  |                          | Father's Birthplace            | <u>Berkeley Spg</u>        |
| Mother's Maiden Name                                                                    | <u>Almanda Stotter</u>      |                                                  |                          | Mother's Birthplace            | <u>" "</u>                 |
| Name of person giving information                                                       | <u>Norman Whisner</u>       |                                                  |                          | How related to deceased        | <u>Brother</u>             |

## CAUSES OF DEATH

|           |                                        |          |             |
|-----------|----------------------------------------|----------|-------------|
| Primary   | <u>Injury to head (Fracture Skull)</u> | How long | <u>3 da</u> |
| Immediate | <u>Exhaustion</u>                      | How long | <u>1 da</u> |

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. Broadbent  
Cumada  
W.D.

Accident or Suicide?

Accident

